



CAT HAVEN ADOPTION APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Addresses: 1) _____ 2) _____

Personal Reference: _____ Relationship: _____

Phone: _____ Are you 21 years or older? Yes No

Are you interested in (select one): cat _____ kitten _____ Name of pet _____

What do you know about Feline Leukemia and Feline Immunodeficiency Virus?

To ensure that this adoption is in the best interest of both you and the pet you selected, we ask that you answer the following questions:

1. Have you ever had a cat/kitten before? _____

2. Please tell us why you would like to adopt a cat? _____

3. Do you live in a (circle one): House Apartment Condo Trailer

4. Do you (circle one): Rent Lease Own

Landlord Name and Phone Number: _____

5. Are you planning to move in the next six (6) months (circle one)? : Yes No

6. I am adopting this animal for (circle one): Myself Children Gift

Other: _____

7. Please list below all the **HUMANS** your new companion will be living with:

<u>Name:</u>	<u>Age:</u>	<u>Relationship:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Does the whole family agree to the adoption of a cat at this time (circle one)? Yes No Other: _____

8. Are there any **CHILDREN** that visit your home frequently (circle one)?
Yes No If Yes, what are their ages? _____

9. Are there any regular visitors to your home, **HUMAN or ANIMAL**, with which your new companion must get along (circle one)? Yes No
Describe: _____

10. Is any member of your household allergic to cats (circle one)?
Yes No If yes, who? _____

11. What will happen to this cat if you move unexpectedly? _____

12. How many hours during an **average workday** will your cat spend without a human? _____

13. What kind of behavior **FROM THE CAT** do you find unacceptable?

13. Have you ever declawed a cat in the past (circle one)? Yes No
Do you plan to declaw this cat (circle one)? Yes No Unsure
Under what condition(s) would you declaw? _____

14. What will happen to this cat when you go on vacation? _____

15. What will happen to this cat in case of an emergency? _____

16. Do you have a regular veterinarian (circle one)? Yes No If Yes:
Veterinarian's Name: _____
Veterinary Clinic's Name: _____
Veterinary Clinic's Address: _____
Veterinary Clinic's Telephone Number(s): _____

17. Do you CURRENTLY have any other pets? Yes No If Yes, please list:

i) Species: _____ Breed: _____ Sex: M F
Neutered/Spayed: Yes No Declawed?: Yes No
Owned for how long?: _____ Where did you get this pet?: _____
Does this pet live: Inside Outside Inside AND Outside

ii) Species: _____ Breed: _____ Sex: M F
Neutered/Spayed: Yes No Declawed?: Yes No
Owned for how long?: _____ Where did you get this pet?: _____
Does this pet live: Inside Outside Inside AND Outside

iii) Species: _____ Breed: _____ Sex: M F
Neutered/Spayed: Yes No Declawed?: Yes No
Owned for how long?: _____ Where did you get this pet?: _____
Does this pet live: Inside Outside Inside AND Outside

iv) Species: _____ Breed: _____ Sex: M F
Neutered/Spayed: Yes No Declawed?: Yes No
Owned for how long?: _____ Where did you get this pet?: _____
Does this pet live: Inside Outside Inside AND Outside

18. Have you had any pets IN THE PAST? Yes No If Yes, please list below:

i) Species: _____ Breed: _____ Sex: M F
Neutered/Spayed: Yes No Declawed?: Yes No
Owned for how long?: _____ Where did you get this pet?: _____

ii) Species: _____ Breed: _____ Sex: M F
Neutered/Spayed: Yes No Declawed?: Yes No
Owned for how long?: _____ Where did you get this pet?: _____

iii) Species: _____ Breed: _____ Sex: M F
Neutered/Spayed: Yes No Declawed?: Yes No
Owned for how long?: _____ Where did you get this pet?: _____

19. Do you want this animal to be (circle one):

Inside Only Outside Only Inside/Outside I Don't Know

Where will this cat be kept during the day? _____

Where will this cat be kept during the night? _____

Where will this cat be kept when you're not home? _____

20. Does your home have a pet door (circle one)? Yes No

If Yes, where does the pet door lead to? _____

WE RESERVE THE RIGHT TO REFUSE AN ADOPTION!

Thank you for completing the Adoption Application. Please return it to an Adoption Counselor so that we may review it with you. The entire adoption procedure usually takes about one hour.

I understand that, by signing this application, it becomes the property of Cat Haven.

I certify that the above information is true and understand that false information will result in nullifying this adoption.

Applicant Signature

Date

ADOPTION STAFF ONLY

Comments: _____

Results (circle one): A D Staff: _____ Date: _____ Location: _____