

Cat Adoption Application



420 Industrial Drive
Naperville, IL 60563

Phone: 630-355-2299
Fax: 630-800-2194
adoptpetshelter.org

Office use:

Date: _____ Interested in cats, kittens or specific cat/kitten: _____

How did you hear about A.D.O.P.T.? _____

Are you planning to adopt soon, or just looking at this time? _____

Applicant/Co-Applicant Information

Last Name: _____ First Name: _____

Age: Under 21 21-35 36-50 51-65 66-75 76+

Last Name: _____ First Name: _____

Age: Under 21 21-35 36-50 51-65 66-75 76+

Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Married _____ Divorced _____ Single _____ Partners _____ Roommates _____ Other _____

Your Home Information

How long have you lived at this address? _____ Do you own or rent? _____

House ___ Condo ___ Apartment ___ Townhouse ___ Other describe _____

If you own the property, is there a Declaration/Rules/Association policy regarding pets? _____

If renting, are you permitted to have pets? _____ How many pets are permitted? _____

Pet deposit amount: _____ Monthly pet fee: _____ When is your lease up? _____

Name of Complex: _____ Landlord name: _____ Phone: _____

Do you live with relatives? _____ How long do you plan to live with them? _____

Do you have permission from those relatives to have a pet? _____

Your Household Information

Number of adults in household: _____ Relationships: _____

Number of children in household: _____ Ages: _____

Number of children who visit regularly (grandchildren, visitation): _____ Ages: _____

Are all members of this household present? If not, can they come in later? _____

Does anyone in your present household have any on-going medical conditions (including allergies) that might interfere with pet ownership? _____ If yes, please explain: _____

Employment Information Applicant

Employer: _____ Position: _____ Phone: _____

Address: _____ Town: _____ Hours you work: _____

Employment Information Co-Applicant

Employer: _____ Position: _____ Phone: _____

Address: _____ Town: _____ Hours you work: _____

Cats currently residing in your home (list all cats)

Name	Age	Indoor/outdoor Or both	Spayed/Neutered	Declawed 2 paw/4paw	Date of last vaccines	Personality of cat

Other pets currently residing in your home (list all pets)

Name	Age	Species Example: dog, bird, gerbil, snake	Spayed/Neutered (dog)	Taking Heartworm Preventative	Date of last vaccines	Personality of pet

All your previous pets - no longer with you - within the past 5 years

Name Starting with the most recent	Species (cat or dog)	How old was he when you got him?	How old was he when he no longer lived with you?	Why is he no longer with you? Put to sleep for medical reasons - given away - ran away - given to shelter - had a fatal accident - died on his own

Cat Questions:

1. Why do you want a cat at this time? _____
2. Who is this cat for? _____ Who will be responsible for cat's care? _____
3. What are your concerns about a new cat? _____
4. Do you consider yourself an experienced cat owner? New owner? _____
5. How many hours will this cat be alone? (Include work travel time) _____
6. Where will this cat be kept? _____
7. Are you committed to providing a permanent home for the lifetime of this cat? _____
8. How do you feel about declawing your cat? Definitely yes Definitely no Maybe Need advice
9. Are you prepared to pay for vet bills when your cat requires medical attention and routine care? _____
10. If you become incapacitated, move, or cannot take care of this cat, what will you do with this cat? _____
11. What behaviors would cause you to return your pet to A.D.O.P.T.? _____
12. Would you be willing to work with an A.D.O.P.T. counselor regarding issues that may arise? _____

References:

Veterinary Clinic Name: _____ City/state: _____ Phone: _____
 Unrelated Personal Reference Name: _____ Phone: _____
 Unrelated Personal Reference Name: _____ Phone: _____

I certify the information provided is complete and correct to the best of my knowledge. I give my permission for any of this information to be verified. I understand that A.D.O.P.T. Cat Counselor has the right to deny any adoption for any reason. That filling out this form does not automatically entitle you to adopt a cat from A.D.O.P.T.

Signature of applicant: _____ Date: _____
 Signature of co-applicant: _____ Date: _____

Office use only:
 Counselor: _____ Notes: _____

