

Cat Adoption Application



For Office Use Only: DNA

Date:

Last Name(s):

First Name(s):

Please fill out both sides of this form as completely as possible.

Your answers will help us find the right cat for your family!

Information on this form is for A.D.O.P.T. use only.

420 Industrial Drive
Naperville, IL 60563
adoptpetselter.org
(630) 355-2299 (phone)
(630) 800-2194(fax)

Address:

City:

State:

Zip Code:

County:

Home Phone:

Cell Phone:

Email:

Age: *Under 21* *21-30* *31-40*
 41-50 *51-60* *61-70* *70+*

Your Household

Please list the people who live in your home (even part-time), their ages, and relationship to you.

Employer/position (you) *Full Time* *Part Time*

Employer/position (partner) *Full Time* *Part Time*

How many hours will this pet be alone?

Your Pet History

Please list all pets (past and present) that you have owned in the last 5 years:

Name	Breed/Type	Age	Spayed/ Neutered?	Describe your pet's personality:	Do you still have this pet? If not, what happened to them?

Your Home

How long have you lived at this address?

Property Type: *House* *Townhome* *Apt/Condo*

Do you plan to move in the near future? *Yes* *No*

If yes, when?

Is this a rental property? *Yes* *No*
Does your landlord allow pets? *Yes* *No*
Have you researched your landlord/
HOA's pet policies and limitations? *Yes* *No*

Limits: Weight, qty. of pets, etc.

Pet Preference Questionnaire

What are you most looking for in a new companion? We will use your answers to try to find your best fit!

Sex: *Male* *Female* *No Preference*
Age: *Kitten (under a year old)* *Adult (1-7 years)* *Senior (7+ years)*
Characteristics: *Playful* *Great with kids* *Declawed* *Long-haired* *Social butterfly*
Shy *Snuggler* *Cat friendly* *Dog friendly* *Laid back* *Independent*

A cat may have behavioral needs that require extra time. I would be willing to work with:

Litterbox issues *Inappropriate scratching* *Play biting*
Shy/fearful *Sensitive to touch* *Vocalization*

General Pet Care

<i>What are your concerns with a new cat? What behaviors would cause you to return your pet to A.D.O.P.T.?</i>	<i>Are you concerned with a new cat scratching furniture or people? How will you address this issue?</i>
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Veterinary Care

If you have had a pet in the last 5 years, who was their vet:

Clinic Name: _____ *City/State:* _____

<i>How often should cats see the vet for checkups and vaccines?</i>	<i>Are you committed to providing a permanent home for this pet? If you become unable to care for this animal, what will you do?</i>
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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. has the right to deny any adoption, for any reason.

<i>Signature</i>	<i>Date</i>
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A.D.O.P.T. will not consider any application with false or misleading information.

****OFFICE USE ONLY****

Counselor/Date: _____ **Comments:** _____

Pet Name	Recommend	Maybe	Not Recommended
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