



# Adoption Application CAT

Cat's Name (if specific animal is requested): \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE CIRCLE THE ANSWERS TO THE TYPE OF CAT YOU ARE LOOKING FOR:**

**Age:** Young (Kitten-10 months)      Adult (10 months-7 years)      Senior (Over 7 years)  
**Breed:** Domestic Short Hair      Domestic Medium Hair      Domestic Long Hair      Other \_\_\_\_\_

**Sex:** Male    Female    Doesn't Matter

**Color:** Orange    White    Black    Grey    Tiger    Grey/White    Orange/White    Black/White    Calico  
Tortoiseshell    Dilute Tortoiseshell    Grey    Brown Tiger    Buff    Tabby    Does Not Matter

**Is the cat:** Companion for you      Companion for another cat      Companion for children

**I would like an:** Active Cat    Lap Cat    Friendly Cat    Quiet Cat    Indoor Cat    Declawed Cat  
Affectionate Cat      Cat that likes to be held      Two cats that must be together

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**PLEASE NOTE: we are unable to consider incomplete applications.**

Applicant's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone \_\_\_\_\_

Name(s) of Other Primary Caretaker(s) in the Home: \_\_\_\_\_

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**Where did you learn about the animal?**

Shelter visit \_\_\_ SPCA Website \_\_\_ SPCA Newsletter \_\_\_ Facebook \_\_\_ Event \_\_\_ Newspaper \_\_\_ Other website \_\_\_

Please let us know which newspaper, event or website: \_\_\_\_\_

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- 1) Are you over 21 years of age? ( Yes / No )
  - 2) Do you have the income/resources to provide for a new pet? (Yes / No) Source of Income/Resources: \_\_\_\_\_
  - 3) Where do you live? (*circle one*) House Apartment/Condo Mobile Home Dorm Other: \_\_\_\_\_  
Do you : (*circle one*) Own or Rent \* *If you rent, we may contact your landlord to verify pet policy*  
\* Name of Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_ Verified by: \_\_\_\_\_
  - 4) List the ages of children/grandchildren that live in or visit your home: \_\_\_\_\_
  - 5) How many hours a day would the cat be left alone? \_\_\_\_\_
  - 6) Where will the cat be kept while you are not home? \_\_\_\_\_
  - 7) Where will the cat sleep at night? \_\_\_\_\_
  - 8) Will the cat be allowed outside? \_\_\_\_\_
  - 9) Do you plan to have the cat declawed? \_\_\_\_\_
  - 10) Who is your vet? \_\_\_\_\_  
May we contact your vet?    Y    N    Phone number: \_\_\_\_\_



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11) List current and previous pets:

Animal Name	Breed	Sex	Spayed/Neutered	# of years owned	Where is pet now?

12) Does anyone in your house have allergies? ( Yes / No )

13) Why do you want to adopt this pet? \_\_\_\_\_

14) Is there anything else you would like us to know? \_\_\_\_\_

*The information I have provided is accurate and true to the best of my knowledge. It is my understanding that any false information could result in denial of my adoption application. If I am approved for adoption and at any point the above information is determined to be false I understand that I may be required to release ownership of the animal back to the Pope Memorial SPCA. If for any reason I am unable to keep the pet I agree to return the pet to the Pope Memorial SPCA.*

\_\_\_\_\_   
 Print Applicant Name

\_\_\_\_\_   
 Applicant Signature

\_\_\_\_\_   
 Date

**Staff Use Only:**

Please initial when complete (if applicable):

\_\_\_\_ app complete \_\_\_\_ child intro \_\_\_\_ dog intro \_\_\_\_ vet check \_\_\_\_ landlord check

\_\_\_\_ approved \_\_\_\_ denied due to \_\_\_\_\_

Notes: