



Staff Use
___vet check
___child intro
___landlord check
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___staff initials

## Cat Adoption Application

Date: \_\_\_\_\_

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

Color Preference (if one is desired): \_\_\_\_\_

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

**Age:** Young (Kitten-11 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

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

**I would like an:** Active Cat    Lap Cat    Quiet Cat    Indoor Cat    Declawed Cat

                         Affectionate Cat      Cat that likes to be held      Two cats that must be together

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

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

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Name(s) of Other People who live in the home: \_\_\_\_\_

- 1) Are you over 21 years of age? ( Yes / No )
- 2) Are you a first time cat owner? ( Yes / No )
- 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 will contact your landlord to verify pet policy  
 \* Name of Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \* Name of Mobile Home Park Manager: \_\_\_\_\_ Phone: \_\_\_\_\_
- 4) List the ages of children/grandchildren that live in or visit your home: \_\_\_\_\_
- 5) Will the cat be allowed outside? (Yes / No)
- 6) Do you plan to have the cat declawed? (Yes / No)

94 Silk Farm Rd. Concord, NH 03301  
 (603) 856-8756 ext. 227  
 adoptions@popememorialsPCA.org

7) Which veterinary practice holds your current pets' vaccine records? (all pets must be up to date on rabies prior to adoption)

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8) May we contact your vet? ( Yes / No ) Phone number: \_\_\_\_\_

9) Is this pet for you or a family member? Please explain: \_\_\_\_\_

**10) List current and previous pets:**

Animal Name	Species/Breed	Sex	Spayed/ Neutered?	How old is the pet?	Where is the pet now?	Up to date on Rabies?

11) We'll explain medical history and behavioral history of any of our animals prior to adoption. Check any additional topics you'd like to discuss:

- |  |   |
|--|---|
| <input type="checkbox"/> Feeding this pet          | <input type="checkbox"/> Grooming/nail trim                 |
| <input type="checkbox"/> Housing this pet          | <input type="checkbox"/> Declawing                          |
| <input type="checkbox"/> Litter box training       | <input type="checkbox"/> Moving with pets                   |
| <input type="checkbox"/> Kitten proofing your home | <input type="checkbox"/> Finding a veterinarian             |
| <input type="checkbox"/> Flea/tick prevention      | <input type="checkbox"/> Exercise, toys and fun             |
| <input type="checkbox"/> Microchips/ID             | <input type="checkbox"/> Introducing this pet to other pets |

*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. Thank you for choosing to adopt!*

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Print Applicant Name

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Applicant Signature

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Date

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