



## **CAT - Adoption Interview Application**

This application is intended to help us match our pets with the right household. We reserve the right to verify any and all information contained in this application, check with landlords, and check home sites. Please fill out all of the questions as accurately as possible.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address \_\_\_\_\_ Work Phone \_\_\_\_\_ can you receive calls at work?  Yes  No

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you live in:  House  Apartment  Houseboat  Mobile Home  Condo  Other: \_\_\_\_\_

Do you:  Own  Rent  Live with parents/family  Lease  Other (explain) \_\_\_\_\_

Property Owner / Manager \_\_\_\_\_ Main Phone Number: \_\_\_\_\_

Have you spoken to your landlord about adopting a new cat?  Yes  No

How long have you lived there? \_\_\_\_\_ Do you anticipate moving in the next 30 days?  Yes  No

Previous Address (if at current address for under 5yrs): \_\_\_\_\_ How long did you live there? \_\_\_\_\_

Who are you adopting this cat?  Family  Self  Child  Spouse  Relative/Friend  Other (explain) \_\_\_\_\_

If there are children in the home what are their ages? \_\_\_\_\_

Who will be the primary care taker of this cat?  Self  Child  Spouse  Family  Other (explain) \_\_\_\_\_

Purpose for adopting:  Companion  Barn Cat/Mouser  Gift  Other (explain) \_\_\_\_\_

Have you ever taken an animal to a shelter?  Yes  No When? \_\_\_\_\_ Why? \_\_\_\_\_

Are there any pets currently living at your residence?  Yes  No If yes, please list below:

Breed: \_\_\_\_\_  Male  Female Spayed or Neutered?  Yes  No Age: \_\_\_\_\_

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Are these pets licensed?  Yes  No Are these pets current on their vaccinations?  Yes  No Vet Clinic: \_\_\_\_\_

Have you had any other pets in the last five years?  Yes  No If yes, please list below:

Breed: \_\_\_\_\_ Where is it now? \_\_\_\_\_

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Where will this cat sleep?  Indoor  Outdoor  Garage Will this cat spend any time outdoors unsupervised?  Yes  No

Do you plan on declawing?  Yes  No Would you like information on alternatives to declawing?  Yes  No

What are your thoughts on spaying and neutering? \_\_\_\_\_

Personal reference / Pet emergency contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

I certify that the above information is true and accurate to the best of my knowledge. I understand that falsification of this information may be cause for denial of my application.

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

**APPLICANTS: PLEASE DO NOT WRITE BELOW THIS LINE**

Application reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Landlord / Property Owner Approval  Needed  Done  N/A Result: \_\_\_\_\_

Premise Inspection  Needed  Done  N/A Result: \_\_\_\_\_

Animal Control Records/Licensing  Needed  Done  N/A Result: \_\_\_\_\_

HSSW Files  Needed  Done  N/A Result:  No Record  ID # \_\_\_\_\_

Notes: \_\_\_\_\_

Veterinary Records  Needed  Done  N/A Result: \_\_\_\_\_

Comments: \_\_\_\_\_

Application Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Application Disapproved By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Animal Code: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_ Altered  Yes  No Age: \_\_\_\_\_ Date: \_\_\_\_\_

Adopted  Hold  First  Second  Third  Request  Orange Card  Stray  Foster

Hold expires: Date \_\_\_\_\_ Time \_\_\_\_\_ Reason for hold \_\_\_\_\_

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Animal is located in:  CA  CW2  CW3  Adoption Office  Back Lobby  Isolation  Foster Care

FIV/FelV test  Yes  No Alter date \_\_\_\_\_  In House  Off-Site \_\_\_\_\_

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