

**Adoption Application**

Please PRINT legibly

|  |
| --- |
| Date of Adoption |
| Cat Name(s) |
| MEOW# |
| Description |
| Date of Birth |
| Microchip# |
| KC License# |
| FM\_\_\_\_\_ PP\_\_\_\_\_\_ SD \_\_\_\_\_\_\_ PF\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Name | Primary Phone# |
| Address **Apt#** | Secondary Phone# |
| City  | State  | Zip | Email |
| I agree to (please initial each item) \_\_\_\_\_\_Provide my adopted cat(s) a strictly **indoor** life \_\_\_\_\_\_**Not declaw** my cat(s) under any circumstances (contractual penalties apply) \_\_\_\_\_\_Make a **lifetime** commitment to my adopted cat(s) |
| Please list all members of the household (including yourself): |
| Name | Age | Occupation/Employer |
| Name | Age | Occupation/Employer |
| Name | Age | Name | Age |

|  |
| --- |
| 1. You live in a: House Apartment Condo Other (please describe)
 |
|  Own Rent If renting, Property Owner/Mgr: Phone: |
|  How long at this address? |
| 1. With whom do you live? Spouse Roommate(s) Parents Alone Children Other
 |
| 1. Are major changes planned in your household in the next year Yes No If so, please explain:
 |
| 1. WHY would you like to adopt a cat or kitten?
 |
| 1. For whom are you adopting this cat? Self Children Gift Other
 |
| 1. Have you adopted from MEOW? Yes No When?
 | 1. Is anyone in the home allergic to cats? Yes No
 |
| 1. Who will be primarily responsible for the care and supervision of this cat?
 |
| 1. Are there children not listed above who visit frequently? No Yes Ages:
 |
| 1. What behaviors do you consider a problem, and how would you handle them?
 |
| 1. Where will your cat be when you are home? When left alone?

 Where will it sleep at night? |
| 1. Have you ever owned a declawed cat? Yes No
 |
| 1. What will happen to this cat when you go on vacation?
 |
| 1. What will happen to this cat if you have an emergency?
 |
| 1. Who is your regular veterinarian? Date of last visit?
 |
| 1. Please list ALL current and former pets:
 |
| Species? | Sex | Spayed/Neutered? | Age | Access to Outdoors? | How long owned? | What happened to it? |
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|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 1. I certify that the above information is true.
 | Signature: Date: |

*Office Use Only*

|  |  |  |
| --- | --- | --- |
| Approved By | Second Approval | Date |
| Comments: |

 Insurance? Yes No Check



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| --- | --- | --- | --- | --- | --- |
| 1 | I would consider my household to be like | A library | Middle ofthe road | A carnival |  |
| 2 | I am comfortable with a cat that likes to play “chase my ankles” and similar games | No | Somewhat | Yes |  |
| 3 | I want my cat to interact with guests that come to my house | Little of the time | Some of the time | All of thetime |  |
| 4 | How do you feel about a boisterous cat that gets into everything? | Love them but rather not live with them | Depends on the situation | Fine by me |  |
| 5 | My cat needs to be able to adjust to new situations quickly | Not important | Somewhat | Yes |  |
| 6 | I want my cat to love being with children in my home | It’s not important whether my cat loves being with children | Some ofthe time | Most ofthe time | Children do not often come tomy house |
|  |  |  |  |  |  |
| 7 | My cat needs to be able tobe alone | More than 9 hours per day | 4 to 8 hours per day | Less than 4 hours per day |  |
| 8 | When I am at home, I wantmy cat to be by my side or inmy lap | Little of the time | Some of the time | All of the time |  |
| 9 | I want my cat to enjoy being held | Little ofthe time | Some ofthe time | All ofthe time |  |
|  |  |  |  |  |  |
| 10 | I need my cat to get along with (circle all that apply) |  |  |  | Dogs CatsBirds Other |
| 11 | My cat will be | Inside | Inside and Outside | Outside |  |
| 12 | I have lived with cats before | No |  | YesDate \_\_\_\_\_\_ | Currently |
| 13 | I prefer my cat to be talkative | No |  | Yes | It’s not important if mycat is talkative |
| 14 | I want my cat to play with toys | Little ofthe time | Sometimes | Often |  |
| 15 | I want my cat to be active | Not veryactive at all | Somewhat | Yes, very |  |
| 16 | It is most important to me that my cat \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(fill in the blank)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| FOR OFFICE USE ONLY |  RECOMMENDED COLOR MATCH: PURPLE ORANGE GREEN RECOMMENDED FELINE-ALITYTM(IES) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |



Revised September 2017