



Adoption Application

Please PRINT legibly

| |
|------------------|
| Date of Adoption |
| Cat Name(s) |
| MEOW# |
| Description |
| Date of Birth |
| Microchip# |
| KC License# |
| PP_____ |

| | | | |
|---|-------|---------------------|-----|
| Name | | Primary Phone# | |
| Address | | Apt# | |
| Secondary Phone# | | Email | |
| City | State | Zip | |
| 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: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Other (please describe) | | | | | | |
| <input type="checkbox"/> Own <input type="checkbox"/> Rent | | | If renting, Property Owner/Mgr: | | Phone: | |
| How long at this address? | | | | | | |
| 2. With whom do you live? <input type="checkbox"/> Spouse <input type="checkbox"/> Roommate(s) <input type="checkbox"/> Parents <input type="checkbox"/> Alone <input type="checkbox"/> Children <input type="checkbox"/> Other | | | | | | |
| 3. Are major changes planned in your household in the next year <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please explain: | | | | | | |
| 4. WHY would you like to adopt a cat or kitten? | | | | | | |
| 5. For whom are you adopting this cat? <input type="checkbox"/> Self <input type="checkbox"/> Children <input type="checkbox"/> Gift <input type="checkbox"/> Other | | | | | | |
| 6. Have you adopted from MEOW? <input type="checkbox"/> Yes <input type="checkbox"/> No When? | | | | 7. Is anyone in the home allergic to cats? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 8. Who will be primarily responsible for the care and supervision of this cat? | | | | | | |
| 9. Are there children not listed above who visit frequently? <input type="checkbox"/> No <input type="checkbox"/> Yes Ages: | | | | | | |
| 10. What behaviors do you consider a problem, and how would you handle them? | | | | | | |
| 11. Where will your cat be when you are home? | | | | When left alone? | | |
| Where will it sleep at night? | | | | | | |
| 12. Have you ever owned a declawed cat? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| 13. What will happen to this cat when you go on vacation? | | | | | | |
| 14. What will happen to this cat if you have an emergency? | | | | | | |
| 15. Who is your regular veterinarian? | | | | Date of last visit? | | |
| 16. Please list ALL current and former pets: | | | | | | |
| Species? | Sex | Spayed/Neutered? | Age | Access to Outdoors? | How long owned? | What happened to it? |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 17. I certify that the above information is true. | | | | Signature: | | Date: |

Office Use Only

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

Insurance? Yes No

Check

cat adopter survey



| | | | | | |
|---------------------|--|---|--------------------------|---------------------------|---|
| 1 | I would consider my household to be like | A library | Middle of the 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 the time | |
| 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 of the time | Most of the time | Children do not often come to my house |
| | | | | | |
| 7 | My cat needs to be able to be 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 want my cat to be by my side or in my lap | Little of the time | Some of the time | All of the time | |
| 9 | I want my cat to enjoy being held | Little of the time | Some of the time | All of the time | |
| | | | | | |
| 10 | I need my cat to get along with (circle all that apply) | | | | Dogs Cats Birds Other |
| 11 | My cat will be | Inside | Inside and Outside | Outside | |
| 12 | I have lived with cats before | No | | Yes Date _____ | Currently |
| 13 | I prefer my cat to be talkative | No | | Yes | It's not important if my cat is talkative |
| 14 | I want my cat to play with toys | Little of the time | Sometimes | Often | |
| 15 | I want my cat to be active | Not very active 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-ALITY™(IES) _____ | | | |

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