



## 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# |
| City   | State | Zip                 | Email            |
| I agree to (please initial each item) _____ Provide my adopted cat(s) a strictly <b>indoor</b> life<br>_____ <b>Not declaw</b> my cat(s) under any circumstances (contractual penalties apply)<br>_____ Make a <b>lifetime</b> 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: _____  |                 |                      |

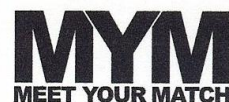
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|             |                 |      |
|-------------|-----------------|------|
| Approved By | Second Approval | Date |
| Comments:   |                 |      |

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<br>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 _____<br>(fill in the blank)                |   |                          |                           |   |
| FOR OFFICE USE ONLY |  | RECOMMENDED COLOR MATCH: PURPLE ORANGE GREEN                |                          |                           |   |
|                     |  | RECOMMENDED FELINE-ALITY™(IES) _____                        |                          |                           |   |

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