

**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 **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? |
|  |  |  |  |  | |  |  |
|  |  |  |  |  | |  |  |
|  |  |  |  |  | |  |  |
|  |  |  |  |  | |  |  |
| 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 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-ALITYTM(IES) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |





Revised April 2025