



Kitty Cottage Adoption Center

317 W. Johnson Hwy, East Norriton, PA 19401
610-731-0101 *** www.kittycottage.org

STAFF USE ONLY:

Deposit amount: _____ Approved date: _____
Date of approved message _____ Pick up date: _____
ID type shown _____ Over 25? _____
Staff Comments: _____

APPLICATION TO ADOPT A CAT OR KITTEN

Cat's Name _____

Date of Application _____

Please read this Application, fill it in, and sign it. It will help us find a good match for you.

CONTACT INFORMATION

Name _____ Spouse/Partner/Roommate _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Email _____

TELL US ABOUT YOURSELF

Occupation _____ Hours away from home each day _____

Is anyone home all day _____

Why do you want to adopt a cat? _____

Do you commit to keep the cat for its whole life? _____

Do you want to declaw your new cat? Yes _____ No _____ Undecided _____

Why or why not (declaw)? _____

Are you financially able and willing to provide annual checkups and vaccinations? _____

Would you be able to provide emergency veterinary care for the cat if needed? _____

REFERENCES

Please list three references and their relationship to you (no more than one family reference)

1. Name _____ Relationship _____
Phone _____ *Staff Comment _____

2. Name _____ Relationship _____
Phone _____ *Staff Comment _____

3. Name _____ Relationship _____
Phone _____ *Staff Comment _____

Provide your current veterinarian. If none, list vet previously used:

Clinic/ Vet Name _____ Phone _____

CURRENT PETS

Your Dogs: How many do you have? _____ Please tell us about them (continue on back of sheet, if needed):

	<u>Name</u>	<u>Age</u>	<u>Breed</u>	<u>Spayed/Neutered? (Y/N)</u>	<u>Date of last vaccination</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Do your dog(s) have any behavior problems? _____ If yes, explain _____

Any dominance problems? _____ If yes, explain _____

Do they get along with cats? _____ If none, have you owned any dogs in the last 10 years? _____

If yes, what happened to them? _____

Your Cats: How many do you have? _____ Please tell us about them (continue on back of sheet, if needed):

	<u>Name</u>	<u>Age</u>	<u>Breed</u>	<u>Spayed/Neutered? (Y/N)</u>	<u>Date of last vaccination</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

If none, have you owned any cats in the past? _____ What happened to them? _____

Do your cat(s) have any behavior problems? _____ If yes, explain _____

Any health problems? _____ Are they declawed? _____

Do they get along with other cats? _____

Other Pets:

Describe _____

Pet Health:

How often do they go to the veterinarian? _____

What will you do if your new cat does not get along with your present pets? _____

PAST PETS

Please tell us about any pets you have had within the past 5 years who are no longer living with you (continue on back of sheet, if needed)

	<u>Name</u>	<u>Age</u>	<u>Date & Reason no longer with you</u>	<u>Spayed/Neutered? (Y/N)</u>	<u>Date of last vaccination</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Have you ever lost a pet at an early age or due to an accident or illness? Please let us know what happened: _____

Have you ever given up a pet? _____ If yes, where did the animal end up (choose all that apply):

____ Found new home _____ With family member, former partner, or roommate

____ Took to shelter _____ Called Animal Control to Pick Up

____ Other (explain) _____

Why ? / Reason ? _____

HUMAN RESIDENTS

Number of adults _____ Do you have children? _____

If you have children, please list their names and ages _____

Have they had cat(s)? _____ Was it successful? _____

Is anyone in your home allergic to cats? _____

RESIDENCE

Do you own or rent your home? _____

If you rent, do you have written permission from your landlord to own a cat(s)? _____

Landlord name _____ Landlord telephone _____

Is it an apartment, duplex, townhouse, single house, mobile home, other? _____

Any community restrictions on owning cat(s)? _____

How long have you been at your current address? _____

If you move, what would you do with your pets? _____

Will you be able to arrange care for your cat when you travel? _____

Where will your new cat spend its days? (Check all that apply)

____ Indoors ____ Outdoors ____ Crated ____ Basement ____ Garage ____ Porch ____ Locked in a room

Where will your new cat spend its nights? (Check all that apply)

____ Indoors ____ Outdoors ____ Crated ____ Basement ____ Garage ____ Porch ____ Locked in a room

If the cat will go outdoors, are you planning for the cat to be: (check all that apply)

____ supervised _____ unattended sometimes _____ unattended most of the time

____ in a cat enclosure _____ in a fenced yard _____ with a collar with an ID tag

If your cat gets lost, what would you do? _____

How long are you willing to allow the new cat to adjust to her new home? _____

In the future, do you plan to: (check all that apply)

____ Have a baby ____ Move ____ Marry ____ Go to college ____ Get a roommate ____ Divorce

____ Get new furniture/rugs ____ Change jobs ____ Change work hours ____ Adopt other pets

____ Other significant life change (explain) _____

***HOME VISIT. WILL YOU ALLOW US TO VISIT YOUR HOME BY APPOINTMENT AS PART OF OUR APPLICATION PROCESS?**

***APPLICATION INFORMATION. ALL OF THE INFORMATION I/WE HAVE PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT.**

Applicant Signature & Date

Spouse/ Partner/ Roommate Signature & Date