



### Adoption Application for Cats & Kittens

*Applicants must be at least 21 years old.*

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

I've live at this address for \_\_\_\_\_ year(s).

Check if Applicable:  I am retired

*Thank you for considering adoption of one of our cats/kittens. You will be making a 10-20 year commitment to the cat/kitten you adopt and our goal is to help you make the best match possible for you and the cat/kitten you are interested in. The following questions will help us achieve that.*

1.) Do you currently live in a...

House  Apartment  Condo  Other: \_\_\_\_\_

2.) Do you currently ...

Rent  Own  Lease the residence where you live?

3.) How long have you lived at your current residence? \_\_\_\_\_

*If you are not the property owner, Animal Rescue Foundation has my permission to verify my current pet policy with the landlord.*

Landlord's Name: \_\_\_\_\_ Phone# \_\_\_\_\_

4.) How many adults live in your home? \_\_\_\_\_

How many children live in your home? \_\_\_\_\_ Please list their ages \_\_\_\_\_

5.) Who will be primarily responsible for the care of this cat/kitten? \_\_\_\_\_

6.) Is this cat a gift?  Yes  No If yes, for whom? \_\_\_\_\_

7.) Which of the following describes your reasons for wanting this cat? *(check all that apply)*

Companion  For the Kids  Companion for another pet

Other \_\_\_\_\_

8.) Will this cat be....

indoors  outdoors  indoor & outdoor

9.) Where will the cat be kept when no one is home? \_\_\_\_\_

10.) Do you plan to have the cat declawed?

Yes, if so, why? \_\_\_\_\_

No

11.) Have you had pets in the past as an adult?  Yes  No

12.) Please list all the pets you have had within the last 10 years. Please include your current house in this list as well as ones you may no longer own:

Breed <i>(Dog, cat, other)</i>	Age	Sex	Spayed/ neutered	years owned	What happened to them?

13.) If you have other pets, are all their vaccinations current?  Yes  No

14.) Do you have a regular veterinarian?  Yes  No

If yes, please list the following:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

*We ask that you please contact your veterinarian and inform them that an authorized member of the Cat Adoption Team at Animal Rescue Foundation will be contacting them to discuss your current/past pet ownership. (Are animals kept up to date, are they brought in when sick or injured, etc.)*

15.) Under what circumstances would you not keep this cat? Please explain:

*If for any reason you are unable to keep the cat, we ask that you please return them to the shelter. We will always accept them back into our care!*

16.) Please provide us with one non family reference:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

17.) Please check any topics that you would like further discussion on:

Indoor vs Outdoor cats

Litterbox Issues

Introduction to other household pets

Scratching Furniture

Nail Trimming

Grooming

Declawing

Cats with children

I certify that the above information is true and correct to the best of my knowledge. I also acknowledge falsification of the above can result in my being denied adoption of an Animal or, if an animal has been adopted to me, the return of that animal to Animal Rescue Foundation CT. I understand that all animals from ARF must successfully pass a health and temperament screening and must be spayed or neutered before they are released from the shelter.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

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*For office use only:*

Application Reviewed by: \_\_\_\_\_

Approved     Denied

Notes: \_\_\_\_\_  
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