

Animal's Name \_\_\_\_\_ Intake # \_\_\_\_\_ Date \_\_\_\_\_

**Cat Adoption Application**  
4 Paws Rescue

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

How long at this address? \_\_\_\_\_ If less than 2 years, please list your previous address: \_\_\_\_\_

Married: \_\_\_\_\_ Single: \_\_\_\_\_ Live with parents: \_\_\_\_\_ Age: \_\_\_\_\_

No. of children in the home: \_\_\_\_\_ Ages: \_\_\_\_\_

Name of employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of spouse's employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Does anyone in your family suffer from allergies? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Have you adopted from 4 Paws Rescue before? \_\_\_\_\_

**RESIDENTIAL INFORMATION:**

RESIDENCE: House: \_\_\_\_\_ Apartment: \_\_\_\_\_ Condo: \_\_\_\_\_ Mobile Home: \_\_\_\_\_

Landlord's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Besides your immediate family, are there others residing in your home?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, who? \_\_\_\_\_

**ADOPTION INFORMATION:**

Have you ever owned a cat? \_\_\_\_\_

Where will your cat be kept most of the time? In the House: \_\_\_\_\_ Outside: \_\_\_\_\_ Other: \_\_\_\_\_

Why do you want this particular cat? \_\_\_\_\_

What will you do with your cat if you move? \_\_\_\_\_

How much do you expect to spend on your new cat in a year? \_\_\_\_\_

What will you do if your new cat scratches, dumps trash, etc.? \_\_\_\_\_

Please check all of the following that will apply to your new cat:

Mouser: \_\_\_\_\_ Companion: \_\_\_\_\_ Barn Cat: \_\_\_\_\_ Family Pet: \_\_\_\_\_

Are you considering having your new cat declawed? \_\_\_\_\_

OTHER PET INFORMATION:

Are all adult members of your household in favor of adopting a cat?

Yes    No    Don't know

Do you have other pets? Type and Number: \_\_\_\_\_

If your other pets are cats and/or dogs, are they spayed and/or neutered? \_\_\_\_ If no, why not? \_\_\_\_\_

Are your other pets current on their vaccinations? \_\_\_\_\_

Veterinarian's name: \_\_\_\_\_ Phone: \_\_\_\_\_

What will you do if your newly adopted pet does not get along with your other pets for a while? \_\_\_\_\_

Do any of your pets have an infectious disease now, or have they in the recent past? \_\_\_\_

If yes, what did they have? \_\_\_\_\_

List name, address, and phone number for three personal references that are not related to you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information provided on this form is true and correct. I am also financially able to care for this animal. I understand that proper food and veterinary care will be costly and am able to meet these requirements. I understand that in some cases, a home check may be mandatory prior to adoption. I understand that any false statements constitute grounds for confiscation and surrender of the animal to 4 Paws Rescue. I further understand and agree that 4 Paws Rescue may demand the return of the animal for any violation of the terms of the adoption contract and agreement.

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

4 PAWS RESCUE RESERVES THE RIGHT TO REFUSE ANY ADOPTION.

FOR STAFF ONLY:

Approved: \_\_\_\_ Refused: \_\_\_\_ Comments: \_\_\_\_\_