



Please Print



CAT / KITTEN ADOPTION APPLICATION

*Each animal in trouble matters - every one counts.
Caring For Creatures is helping, one animal, one person at a time.*

I AM INTERESTED IN ADOPTING: ___Kitten ___Adult Cat

PREFERRED AGE: ___under 6 months; ___ 6 months to 1 year; ___ Young Adult (1 - 5 years) ___ 6 years & up;
___Doesn't matter.

I PREFER: ___Male ___Female ___Doesn't matter;

Please describe any specific characteristics you are looking for in a cat

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

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Home Phone _____ Work Phone _____ Email _____

How long have you been at your present address? _____

Are you planning to move in the next six months? ___Would your cat go with you if you moved_____

Do you ___Rent ___Own ___Apartment ___House ___Condo ___Live with parents ___

Other _____

If you rent, please list your landlord's name and telephone number,

Do you have your landlord's/condo's permission to own a cat? _____

How many adults in your household? _____ Children? _____

Ages: _____

Are family members aware that you are considering adopting a cat? ___Yes ___No

If your family changed (marriage, divorce, new baby) would you keep the cat? ___Yes ___No

If an allergy developed, are you willing to take steps to keep the cat? ___Yes ___No

Please list all animals you currently have in your household or have had in the last 5 years:

Type of Animal	Sex	Age	Neutered	Kept Where	Time Owned/What happened?
1	_____	_____	yes ___ no ___	In ___ Out ___	_____
2	_____	_____	yes ___ no ___	In ___ Out ___	_____
3	_____	_____	yes ___ no ___	In ___ Out ___	_____
4	_____	_____	yes ___ no ___	In ___ Out ___	_____
5	_____	_____	yes ___ no ___	In ___ Out ___	_____

Name/Address/Phone number of your veterinary hospital:

Will you provide annual vaccinations and any medical care necessary ___ Yes ___ No

Who will care for the cat? _____ Are you willing to provide a lifelong home for your cat? _____

Where will your cat be kept during the day? _____

At night? _____

Where will your cat sleep? _____ Eat? _____

Where will you keep the litter box? _____

How many hours per day will your cat spend alone? _____

Will you let the cat outside? ___ Yes ___ No If yes, ___ Attended ___ Unattended

If your cat gets lost, in addition to contacting Caring For Creatures, what steps would you take to find it?

Your cat may take two months to adjust to his/her new home. Are you willing to allow this much time for the adjustment? _____

Our Adoption Agreement provides that you: (1) will spay or neuter your cat at the age of 6 months (if not already done), (2) will not declaw your cat, and (3) will return your cat to CFC if, at any time, you are unable to keep him/her. Are you willing to agree to these conditions? ___ Yes ___ No

Have you ever been convicted or accused of animal abuse or neglect? ___ Yes ___ No If yes, when? _____
What were the circumstances surrounding the accusation/conviction?

Signature _____ Date _____

Thank you for taking the time to complete this Application. It is important to CFC that you are aware of the responsibilities involved with having an animal companion and that you are prepared to welcome a new cat into your home. We will do our best to assist you in choosing the most appropriate cat for your home and lifestyle.

Please return application to:

Caring For Creatures

352 Sanctuary Lane

Palmyra, VA 22963

Applications may be faxed to the Sanctuary at: (434) 842-1308