



ADOPTION APPLICATION FOR CATS & KITTENS

WE RESERVE THE RIGHT TO REFUSE ANY ADOPTION

ABOUT YOU AND YOUR FAMILY			
Name		Phone (h): 770/404 /678	
Address		(w): 770/404/678	
		Employer:	
YOUR HOME			
Do you <input type="checkbox"/> own <input type="checkbox"/> rent?	If rent, is it <input type="checkbox"/> house <input type="checkbox"/> apartment?		
How long have you lived at current address?			
Are you allowed pet? <input type="checkbox"/> yes <input type="checkbox"/> no	What is the weight limit for pets?		
Have you paid your pet deposit? <input type="checkbox"/> yes <input type="checkbox"/> no (NOTE: We verify all pet deposits)			
Name of landlord/apartment complex:		Phone Number:	
Estimate annual cost of owning a cat?			
Do you travel often? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, how often?		
FAMILY MEMBERS			
Children (ages)?	Are they experienced with pets? <input type="checkbox"/> yes <input type="checkbox"/> no		
NOTE: We do not adopt animals under 12 weeks of age to children under 6 years of age			
What pets do you currently have?			
Ages:	Are they spayed/neutered? <input type="checkbox"/> yes <input type="checkbox"/> no		
Who is your veterinarian?			
Have you had a cat/dog before? <input type="checkbox"/> yes <input type="checkbox"/> no	Where is it now?		
Has a cat died on your premises in past 3 months from FeLV/FIV/FIP/unknown causes? <input type="checkbox"/> yes <input type="checkbox"/> no			
Is anyone in household allergic? <input type="checkbox"/> yes <input type="checkbox"/> no	Does the whole family want a new pet? <input type="checkbox"/> yes <input type="checkbox"/> no		
YOUR NEW PET			
Why do you want a cat? <input type="checkbox"/> gift <input type="checkbox"/> companion <input type="checkbox"/> mouser <input type="checkbox"/> other (explain_____)			
Do you want your new cat to be: <input type="checkbox"/> indoor only <input type="checkbox"/> outdoor only <input type="checkbox"/> both?			
Are you planning on having your new cat declawed?			
Who will be responsible for daily care/feeding?			
How do you feel about spaying and neutering?			
Are you financially prepared to care for a cat for 15-20 years (food, medical, etc.)? <input type="checkbox"/> yes <input type="checkbox"/> no			
Are you aware of feline leukemia/FIV/FIP; prevention? <input type="checkbox"/> yes <input type="checkbox"/> no			
Would you agree to bring any current pets to adoption day to meet your new pet? <input type="checkbox"/> yes <input type="checkbox"/> no			
Would you agree to an in-home visit by a GHS volunteer after adoption? <input type="checkbox"/> yes <input type="checkbox"/> no			
PREFERENCES			
Age: <input type="checkbox"/> kitten <input type="checkbox"/> juvenile <input type="checkbox"/> adult <input type="checkbox"/> no preference	Sex: <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> no preference		
Color? <input type="checkbox"/> no preference	Hair: <input type="checkbox"/> short <input type="checkbox"/> med. <input type="checkbox"/> long <input type="checkbox"/> no preference		
Purebred? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> no preference	Declawed? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> no preference		