



## Cat Adoption Information

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

Animal's Name: \_\_\_\_\_

Description: \_\_\_\_\_

Location: \_\_\_\_\_

v01/03/17

***Please take time to carefully read and complete the following questions. These questions are designed to assist with placing our cats in the correct environment for their personality and needs. It is our intention to adopt cats to those who will consider them an important part of their family.***

**We may not be able to reach a decision for 24 hours if we have other applications pending.**

1. Is everyone in your household in agreement with this adoption? YES / NO
2. How did you hear about our adoptable cats? \_\_\_\_\_
3. Have you adopted from Every Creature Counts before? YES / NO
4. I live in:  House  Apartment  Duplex  Mobile Home  Condo  Townhome
5. Do you rent or own? \_\_\_\_\_
6. If you rent your residence, are you allowed to own a pet(s) and have you met the requirements of your lease to have a cat? \_\_\_\_\_
7. If you rent, please list apartment complex name and office phone number or landlord name and phone number. \_\_\_\_\_
8. Are you looking for an:  Inside Cat  Inside/Outside Cat  Outside cat
9. Are you adopting this cat for yourself or for another person? \_\_\_\_\_  
If for someone else, please explain \_\_\_\_\_
10. How many hours per day will the cat be inside \_\_\_\_\_ and/or outside? \_\_\_\_\_
11. Are you planning on declawing your cat? \_\_\_\_\_
12. Do you have any dogs? \_\_\_\_\_ How many? \_\_\_\_\_ What kind? \_\_\_\_\_  
Are they spayed and neutered? \_\_\_\_\_
13. Do you have any cats? \_\_\_\_\_ How many? \_\_\_\_\_ Are they declawed? \_\_\_\_\_  
Are they spayed and neutered? \_\_\_\_\_
14. If you have a regular veterinarian, please list veterinarian's name, business name and city:  
\_\_\_\_\_
15. Do you have children? \_\_\_\_\_ What are their ages? \_\_\_\_\_

16. If you have had other animals, please explain what happened to them.

\_\_\_\_\_

17. What type of food will you feed your cat? \_\_\_\_\_

If the cat requires a particular food preference, will you supply it? \_\_\_\_\_

18. If the cat has a coat that requires combing, are you willing to perform it regularly? \_\_\_\_\_

19. Are you willing to make a lifetime commitment to your cat even if you have a life-style change such as: moving, divorce, marriage, children, etc.? \_\_\_\_\_

20. If something happens that you or members of your household can no longer care for this cat, who will assume the responsibility? \_\_\_\_\_

21. What will you do if the cat begins to scratch your furniture?

\_\_\_\_\_

22. Employer: \_\_\_\_\_

23. Why do you think you would be a good home for this cat?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**As a potential adopter, please read the following section and sign the acknowledgement.**

- Every Creature Counts has the right to approve or deny the adoption application.
- This application is used as part of the adoption approval process in order to determine the best home for the cat. *The completion of this application does not guarantee the adoption.*
- I understand that Every Creature Counts will contact me within 24 hours with the status of my application. If you do not receive a response with 24 hours, please contact us for an update.
- I am twenty-one (21) years of age or older.
- This application will not be returned, but retained by Every Creature Counts.

Signature:

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

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

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

**E-Mail:** \_\_\_\_\_