Project Cat, Inc CAT/KITTEN ADOPTION APPLICATION

feline community assistance, rescue & adoptions, behavioral consulting ph/fx 845-687-4983 mail: 571 County Rt 2, Accord, NY 12404 www.projectcat.org

Please answer the following questions completely. Our goal is to match up cat and adopter based on personality, household activity, and expectations. Adopting an animal is a lifelong commitment and we want to be sure that you and your feline companion live a long and happy life with each other. Giving false information for the purpose of obtaining an animal constitutes a breach of contract and all parties will be criminally prosecuted. You must be at least 21 years of age to adopt a cat from us.

HOME INFORMATION

Name:	·	NY DrLic#			
Address:	C	ity:	State Zip:		
Mailing Address (if different): _					
Home Phone:	Work/cell phone:	e-mail:			
I (we): own our home re	nt How lon	g at current address?	yrs		
Name of landlord if renting:		Phone#	‡		
Names of two references (not liv	ing with you):				
1. Name:		J	Phone#		
2. Name:		P	Phone#		
Number of adults in household:	Ages of	children:			
Other animals in household: # o	eats # dogs _	# other			
Are your current animals spayed	/neutered? yes:	no:			
If no, please explain why not					
Describe your household: noisy/	boisterous: sometii	nes noisy/sometimes quie	et: mostly quie	t:	
Current Veterinarian:		Phor	ne#		
Other Veterinarians you want to	use as a reference:				
Current Occupation/Employer _				_	
Are you prepared to make a lifet	ime commitment, and spe	end the time and money n	necessary to provide qu	ality care to	
a cat for the rest of its life (~15-2	20 yrs) including necessar	ry vaccines, exams, medic	cal emergencies, etc? _		
Do you or any family member ha	ave any known allergies t	o animals?	·		
Any household smokers? yes	_ no Do you kno	w second-hand smoke is	harmful to pets? yes	no	
Under what circumstances would	1 you not keep the cat? _				
Have you ever had to give up an	animal? yes no_				
If yes, please explain why					
What would you do with the cat	if you had to move?				
If you rent and had to move, wou	ıld you <u>only</u> accept a ren	tal that allowed cats?			
Will you allow a home visit if re	quested?				
How did you hear about Project	Cat? Newspaper ad I	nternet Brochure/Flye	er Friend Other_		

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CAT INFORMATION

Why are you looking for a cat(s)? Comp	anionship for me/family	Companion for	another cat
Companion for a dog Other			
Are you looking for one cat or m	ore than one cat	_	
(Young kittens are adopted out only in pa	irs so they have a compo	anion of the same specie	es to play with; this is im-
portant for their social development. Som	e adult cats go as pairs	if they already have a c	lose buddy in the shelter)
What personality(s) do you prefer? active	e: mellow:	_ independent:	lapcat:
Age: Kitten: (3-6mo) (6mo - 1yr)_	Adult: (1-5yr)	_ (5+yr) Male: _	Female:
Will this cat be kept indoors only:	mostly indoors:	_ mostly outdoors:	outdoors only :
Will the cat live with you as part of the fa	mily? Where wi	Il the cat sleep at night?	
Are you planning on declawing your cat?	yes: no:	maybe:	
If yes, please explain why			
I authorize the veterinarians listed abo Project Cat, Inc.	ve to release vaccinatio	on/medical information	for pets I have owned to
Da	te Signa	ture:	

Some veterinarians require that you call them to give permission to release information to us. Please be sure to do that after submitting an application to us to further expedite the application process. Thank you.