

Reviewed by: _____

(Staff use only)



Cat Adoption Application

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Do you currently live-in a: ☐ House? ☐ Apartment? ☐ Other

Do you currently: ☐ Rent? ☐ Own?

How long have you lived at your current residence? _____

If you are renting, please provide the landlord's name and phone number (include area code).

Landlord's Name: _____ Phone number: _____

How many adults live in your home? At least 18 years of age: _____

How many children live in your home? _____ Ages: _____

Does anyone in your home have known allergies? ☐ Yes ☐ No

How many hours will the pet be alone each day? _____

Pet's Name that you are looking to adopt: _____

Where will the pet be kept when no one is at home? _____

Are your other pets up to date on their current vaccinations? ☐ Yes ☐ No

Are your pets currently licensed? ☐ Yes ☐ No

Who is your current Veterinarian? _____

Have you declawed your cat before? ☐ Yes ☐ No

If so, why? _____

Do you plan on declawing your cat? ☐ Yes ☐ No

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Please list all the pets you have had in the last 5 years; including your current pets and those you no longer own:

Breed	Age	Gender	How long owned?	Do you still have it? If not, what happened?

Describe how you prefer your pet:

☐ Loves children and strangers ☐ Can tolerate children and strangers

☐ Loves all other animals ☐ Don't care if he/she gets along well with other animals

The noise level in your home is usually: ☐ High ☐ Medium ☐ Low

I certify that the information shown above is true and correct to the best of my knowledge. I also acknowledge that falsification of any of the responses can result in my being denied adoption of an animal or, if an animal has been released for adoption to me, the return of that animal to Pittsylvania Pet Center.

Signed _____

Date: _____