



352 Sanctuary Lane
 Palmyra, VA 22963
 434.842.2404 Fax: 434.842.1308
 www.CaringForCreatures.org



CAT/KITTEN ADOPTION APPLICATION

DATE _____

I AM INTERESTED IN ADOPTING:

_____ Kitten _____ Adult Cat

Preferred Age: ___ 8 weeks - 6 months ___ Teenager/Young Adult (6 months - 5 years)
 ___ Middle Aged (6-10 yrs.) ___ Doesn't Matter

I Prefer: ___ Male ___ Female ___ Doesn't Matter

Please describe any specific characteristics you are looking for in a cat (*such as: breed or mix, long hair/short hair, coloring, lap cat, good with children, good with other animals (cats and/or dogs), etc.*): _____

How did you hear about Caring For Creatures? ___ Your website ___ Friend ___ Newspaper ___ PetFinder

Other(please explain) _____

Name(s) _____

Street Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____ Work _____

Email Address _____

Are you at least 18 years of age? ___ Yes ___ No (Adopters must be at least 18 years of age to be considered legal adopter and execute Adoption Agreement.)

Do you ___ Rent ___ Own My home is ___ Apartment ___ House ___ Condo ___ Live With Parents
 Other _____

If you rent, please provide landlord's name and telephone number: _____

How long have you been at your present address? _____

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

Are you planning to move in the next six months? _____ Would your cat(s) go with you if you moved? _____

How many adults in your household? _____ Children? _____ (Ages _____)

Are family members aware that you are considering adopting a cat? ___ Yes ___ No

If your family dynamics changed (marriage, divorce, new baby), would you keep your cat? ___ Yes ___ No

If an allergy developed, are you willing to take steps to keep the cat? ___ Yes ___ Not Sure

Continued On Reverse ➡

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

<u>Type of Animal/Sex/Age</u>	<u>Spayed/Neutered?</u>	<u>Kept Where?</u>	<u>Time Owned/What Happened?</u>
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	_____

Have your existing cats been tested for feline Leukemia and FIV? ___ Yes ___ No

Name/Location/Phone number of your veterinary hospital: _____

Cats can live for 15+ years. Are you committed to providing a lifelong home for your cat, including but not limited to a healthy diet, quality medical care and loving companionship? _____

Who will be primary caretaker of 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 your cat outside? ___ Yes ___ No; If yes, ___ Attended ___ Unattended

If your cat becomes lost, in addition to contacting Caring For Creatures, what steps would you take to find him/her?

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

Our Adoption Agreement provides that you: (1) will spay or neuter your cat by date specified in the contract (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 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 compatible cat for your home and lifestyle.

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