

Cat Adoption Application



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Date: _____

Name of Cat(s): _____ Age: _____

Sex: **M** / **F** Declawed? **N** / **Y** Color: _____

Applicant/Co-Applicant Information

Applicant Name: _____

Age _____ Birthday _____ Driver's Lic _____

Co-Applicant Name: _____

Age (please circle one): 20-35 / 36-50 / 51-65 / 66-75 / 76+

Your Home Information

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Married/Partners ___ Divorced ___ Single ___ Roommates ___ Other _____

How long have you lived at this address? _____ Please circle: **Own** **Rent**

House ___ Condo ___ Apartment ___ Townhouse ___ Other _____

If renting, are you permitted to have pets? _____ How many pets are allowed? _____

Pet deposit amount: \$ _____ Monthly pet fee: \$ _____ When is your lease up? _____

Landlord's Name: _____ Phone: _____

Your Household Information

Number of adults in household: _____ Number of children in household: _____

Children Ages: _____

Does anyone in your present household have any on-going medical conditions (including allergies) that might interfere with pet ownership? _____ If yes, please explain: _____

Employment Information

Employer: _____ Phone: _____

Address: _____ # of hours you work: _____

Co-Applicant Employment Information

Employer: _____ Phone: _____

Address: _____ # of hours you work: _____

For Cattails Use Only:

Pets Currently Residing in Your Home (list all pets)

Name	Age	Species	Spayed/ Neutered?	Taking Heartworm Preventative?	Date of last vaccines	Personality of pet
			Yes / No	Yes / No		
			Yes / No	Yes / No		
			Yes / No	Yes / No		
			Yes / No	Yes / No		
			Yes / No	Yes / No		

Cat Questions

1. Why do you want a cat at this time? _____

2. Who is this cat for? _____ Who will be responsible for the cat's care? _____

3. What are your concerns about a new cat? _____

4. What do you consider yourself (Please circle)? **new cat owner** **experienced cat owner**

5. How many hours will this cat be alone? _____

6. Where will this cat be kept? _____

7. Are you committed to providing a permanent home for the lifetime of this cat? _____

8. If you become incapacitated, move or cannot take care of this cat, what will you do with this cat?

9. How do you feel about declawing your cat? _____

10. What behaviors would cause you to return your pet to Cattails? _____

11. Would you be willing to work with a Cattails representative regarding issues that may arise? _____

12. Are you prepared to pay the vet bills (and other expenses) when your cat requires medical attention and routine care? _____

13. If military, what are your plans for the cat should you deploy? _____

14. Cats need human companionship. Are you willing to devote time to playing with and petting your cat? _____

References:

Veterinary Clinic Name: _____

City/State: _____ Veterinary Phone: _____

May a Cattails representative contact this clinic to confirm your pets are up to date on vaccines and are spayed or neutered? _____

First Unrelated Personal Reference:

Name: _____ Phone: _____

Second Unrelated Personal Reference:

Name: _____ Phone: _____

AS THE ADOPTING PARTY, I AGREE TO THE FOLLOWING TERMS: (Please provide your initials on the blank lines and sign at the bottom.)

1. _____ I agree to keep an ID on the adopted cat at all times and will obtain all of the necessary licenses required both by local authorities and my rental agreement.
2. _____ I agree to provide the adopted cat with the necessary vaccinations/treatments advised by my veterinarian, and **UNDER NO CIRCUMSTANCES WILL I DECLAW THE CAT BEING ADOPTED!**
3. _____ I agree to keep my cat as an indoor animal.
4. _____ I agree to provide the proper nutrients and a continuous supply of clean water.
5. _____ If for any reason I cannot keep the adopted cat, **I agree to notify CATTAILS** at the above phone number and agree to return the adopted animal, allowing time for accommodations to be arranged, and with no expectation of a refund. Every effort will be made to find an alternate animal that fits your needs.
6. _____ I understand that the cat covered by these adoption papers is, as far as can be determined by CATTAILS, in good health, and that CATTAILS is not responsible for any medical fees incurred after the adoption date. However, if a health problem develops during the first 7 days, **I should notify CATTAILS immediately. If you do not, any vet expenses accrued will be your responsibility.**
7. _____ I understand that it is CATTAILS' policy that all of my animals currently in my home are all either spayed or neutered. If the cat is not already spayed/neutered, I agree to have this done within 30 days of adoption or when the animal is six months old.
8. _____ I understand that adopting a pet means giving them a "Furever" home and me a lifelong companion.
9. _____ I give CATTAILS permission to contact my landlord and veterinarian, and to visitation rights to ensure that the terms of this adoption agreement are being implemented.
10. _____ **I understand that Cattails is NOT LIABLE for any accidents, injuries or other unforeseen circumstances resulting from this adoption.**
11. _____ **I understand that any failure to perform the foregoing agreement will constitute a breach of contract. In the event of a breach of contract, I authorize CATTAILS to reclaim both possession and ownership of the pet.**

SIGNATURES:

Adopter Signature: _____ Date: _____

Co-Adopter Signature: _____ Date: _____

Cattails Representative Name: Natalie Young Date: _____

Cattails Representative Signature: _____