

Companion Animal Foundation



Cat Adoption Consideration Form

Today's Date: _____ Date _____ And Time _____ App. Received

Name(s) _____ Are you 18 or older? Yes () No ()

Driver's License# _____ Exp: _____ E-Mail _____

Address: _____ City: _____ Zip: _____

Mailing Address (if different) _____

Phone #s: Home/Cell () _____ May we text you? _____ Work () _____

When is the best time(s) to reach you and which number do you prefer? _____

How long have you lived at your current residence? _____ Type of Residence: House () Apt () Other: _____

Your Current Veterinary Hospital: _____ Phone# _____ I have No Vet ()

Please write in the cat or kitten(s) you are interested in adopting

Thank you for taking the time to fill out the information below. Many of the questions are asked not only to match you up with a companion that is right for you, but to promote open dialogue as well. Adoptions are very exciting for us and a perfect match is always a blessing for everyone. Because an adoption can take 30-45 minutes, adoptions occur Tuesday through Friday usually between 11-4pm by appointment ONLY. If these times aren't convenient, we will do our best to accommodate you. We prefer everyone in the household/family meet the cat **before** you adopt and we prefer that all members of the household (with the exception of very young children <5) be present during the adoption. If you have young children (ages 10 and under) we will need to observe them with our kittens before approving an application. ***To make sure your application gets processed in a timely manner, please do not leave sections or answers blank. We will not process incomplete applications.***

How long have you been looking for a Cat/Kitten? _____ Is this cat close to what you're looking for? Yes () Almost ()

Are you primarily looking for a (Please mark an X next to ALL that apply)

My Companion	Family Companion	Companion For My Pets	A Gift For _____
Mouser/Ratter	Outside Barn Cat	Child's Pet/Child's Age? _____	Other _____

If this pet is going to be a gift, will you be picking out the pet or will the person receiving the pet be picking out the pet?
I would like to pick out the pet () I would like to purchase a gift certificate () The person will come in and choose ()

Who will be the **primary caretakers** of this cat? Myself () Partner () Child/Age? _____ () Family ()

What Animals do you currently have in your household? *** I have no pets at this time ()

Cat/dog/other Name of Pet?	Breed	Male/Female	Spayed or Neutered	Age or Birthdate	Is this pet Yours Or a housemates?

Turn Over and Complete Other Side

We understand and know that pet loss is a part of life. Please share what happened with your last two pets.

Are all cats and dogs in your household current on Rabies vaccine? Yes () No () I'm not sure ()
Have your dog(s) ever been observed being overly interested in cats/kittens? Yes() No() I don't know()
If there are other cats/kittens in your household, are they tested for Feline Leukemia and FIV? Yes () No () OR
I am unfamiliar with these diseases () Is any cat positive for these diseases at this time? Yes () No () Unsure ()

Please list **ALL** other people living in your household (roommates, parents, spouse or partner, friends and children, etc.)

Name:	Relationship to you:	Age	Have they met this animal yet?	Allergies to cats? Unsure?

Do you Own/Rent your home? (**please circle one**) If you rent, is a pet OK with your landlord? Yes () No () Not sure ()
If renting, Landlords Name(s): _____ Phone# _____
Would you like to call your landlord first? No () Yes () (We will wait a day or two to call) **OR**
I have called so they will expect a call from CAF ()
Name(s) of home ownership (on the title if different than above): _____

Is your cat going to be: Indoors Only () Mainly Outdoors () Indoors/Outdoors ()
Do you feel you have an environment outside that is safe for a cat? (ie. cars, coyotes, mountain lions, eagles, neighborhood dogs, etc.) _____
Will you provide a litter box? Yes () Type of litter that will be used _____ No () I do not want to use a litter box and prefer my kitten/cat to go outside. Brand/Type of Food _____ Not Sure ()

Do you plan to Declaw? Yes () No () Not Sure () Explain: _____
What type of behavior problem(s) are you concerned about that might make it difficult for you to keep your cat?

What steps would you take now to help prevent this/these problem(s) from happening? _____

Are you prepared to have this new pet for the next 15-20 years? _____ If you could no longer keep and provide for this pet, what would you do? _____
Have you consulted with this person/people, family or organization to take your pet? Yes, I have() Not yet ()
Please list 1 personal reference **other than a family member**
Name _____ Phone number () _____ Relationship to you _____
I give CAF permission to call my veterinary hospital for a reference on current pets? Yes() No()
Please call your veterinary hospital ASAP to let them know we will be calling to check on vaccines/rabies/spay history

Please know that an adoption may take a few days or longer if the kitten is not yet available for adoption (not yet fixed or tests that still need to be completed) or if it takes a while to get your application finished (waiting on landlord). We encourage you to contact your landlord so they can call us back in a timely manner. While you are waiting, we encourage you to visit Often!
I hereby state that the above information provide to CAF is complete and correct. Any information that we find that is false without reasonable explanation, will be reason to terminate this application and adoption process. By signing below, you are granting CAF permission to continue with this application and to call any necessary references, your veterinarian and landlord (if applicable).

Signature _____ Print Name: _____ Today's Date: _____