

**PLEASE COMPLETE THIS FORM TO APPLY TO ADOPT A KITTEN FROM
COMMUNITY SPAY-NEUTER CLINIC**

Thank you for your interest in adopting a new pet! Please note that many of our pets have more than one family applying to adopt. Applications are considered in the order they are received. Please note any application may take up to a week for a response. If you have not heard from our staff within a week of submitting an application, please call us M-W at 721-8395.

First Name: _____ Last Name: _____

Phone number: _____ Email address: _____

Physical address: _____

Mailing address (if different): _____

I am looking for a : Kitten Young adult cat Adult cat No preference

Do you have a specific animal in mind?: Yes: _____ No

Is this your first experience with a pet? Yes No

Why do you want to adopt a pet? (check all that apply)

- Companion Barn cat/mouser Breeding Gift
 Family Pet Companion for other pet Other: _____

Do you own any pets at the present time? Yes (please complete information below) No

Name	Breed/species	Age	Neutered?	Declawed?

Please indicate your veterinarian's name, address, and phone number:

How many dogs or cats have you owned in the past? Dogs _____ Cats _____

Where do you currently live?

- House Apartment Mobile home Condo Townhouse Own Rent

If you rent, does your lease/landlord allow pets? Yes No

If you rent, please provide contact information for your landlord/rental company below.

Name: _____ Phone number: _____

Email address: _____

How long are you away from home on an average day?

Home all day Out part-time Away 7-10 hours/day

Can you commit to keeping your new pet indoors exclusively? Yes No

Do you plan to have your cat/kitten declawed Yes No

What will you do if your cat/kitten claws furniture or shows other destructive behavior?

Household Information:

No. of adults _____ No. of children _____ Ages of children _____

Do all adults know that you plan to adopt a pet? Yes No

Who will be responsible for the care of this pet? _____

How many hours per day will your pet spend alone without human companionship?

0 1-3 4-6 6-8 8-12 10-12 12+

Where will your pet be kept when you're not home?

How did you hear about our adoption services?

I hereby certify that the above information is true to the best of my knowledge. I understand that giving false information on this Adoption Application will be grounds for denying my application. This application shall remain the property of Community Spay-Neuter Clinic.

Adopter's Signature

Date

Adopter's Printed Name

For Shelter Use Only – Do Not Write Below This Line – Thank You

Animal being considered:

Name: _____

ID Number _____

Caution file: Yes No Comments _____

Landlord approval: Yes No Comments _____

Residence check: Yes No Comments _____

Veterinary reference: Yes No Comments _____

Approval: Yes No Comments _____

Restrictions: _____

Adoption Counselor: _____

Date: _____