



My New Cat

mynewcat.org
mynewcat@yahoo.com

Application for Feline Adoption

Date:	Name of cat desired:	Color(s):		
Name:				
Address (City/State/Zipcode):				
Telephone numbers: Home:	Work:	Cell:		
E-mail Address:	Would you like to receive emails from our organization?			
Are you presently: <input type="checkbox"/> Employed Employer:	<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student			
Number of People in Household:	If children are in the household, please list ages:			
Are you or any member of your family allergic to pets: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Type of residence: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Farm/Barn				
If rental, are cats allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If rental, name of Manager/Landlord:	Phone number:			
Current housing location: <input type="checkbox"/> City Limits <input type="checkbox"/> Outside City Limits				
Type of street: <input type="checkbox"/> Very busy road <input type="checkbox"/> Slight traffic <input type="checkbox"/> Residential area <input type="checkbox"/> Country road	Speed limit:			
Where will cat live? <input type="checkbox"/> Inside only <input type="checkbox"/> Outside only <input type="checkbox"/> Mostly inside <input type="checkbox"/> Mostly outside				
Where will the cat spend nights? <input type="checkbox"/> Inside <input type="checkbox"/> Outside				
Will you allow the cat to run loose outside? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, where?			
How many hours per day will the cat be alone?	Where will the cat stay when left alone?			
Describe the activity level in your home:	<input type="checkbox"/> Busy (visits by friends, meetings, children, parties at home) <input type="checkbox"/> Noisy (TV, stereo, machinery, tools, children playing, dogs barking) <input type="checkbox"/> Moderate (Normal comings and goings) <input type="checkbox"/> Quiet (homebodies, few guests) <input type="checkbox"/> Other (specify)			
In the absence of the primary caregiver, who will care for the cat?				
Under what circumstances would you return the cat to us? <input type="checkbox"/> New Job <input type="checkbox"/> Divorce <input type="checkbox"/> New Baby <input type="checkbox"/> Move <input type="checkbox"/> Illness <input type="checkbox"/> I would NOT give up the cat for any reason <input type="checkbox"/> Other – specify				
Are you willing to take responsibility if this pet acquires an illness? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you willing and able to pay the veterinary costs of caring for your new pet? <input type="checkbox"/> Yes				
How much time are you prepared to allow for your new pet to adjust to your home?				
Do you consider your cat a part of the family? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you plan to declaw your cat? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you had pets in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, complete the following chart			
<i>Name of Pet; Type of Pet</i>	<i>Years Owned</i>	<i>Spayed/Neutered</i>	<i>Inside/Outside</i>	<i>Where is Pet Now?</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
Name of current Vet or clinic:			Phone:	
Are you aware that a cat is a large and lifelong commitment? <input type="checkbox"/> Yes <input type="checkbox"/> No				

