



**Cat/Kitten Adoption Application**

Name of Pet \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Number of Adults in home? \_\_\_\_\_ Number of Children in home? \_\_\_\_\_ Ages: \_\_\_\_\_

Does anyone in the household have a pet allergy? \_\_\_\_\_ Do all family members want to own a cat? \_\_\_\_\_

Do you own or rent? \_\_\_\_\_ Landlord Contact Info \_\_\_\_\_

Do all adults work full time? \_\_\_\_\_

Do you currently have any pets? \_\_\_\_\_ If so describe: \_\_\_\_\_  
\_\_\_\_\_

Do you have experience with cats? \_\_\_\_\_ Describe: \_\_\_\_\_  
\_\_\_\_\_

How many hours/day will your pet be alone? \_\_\_\_\_ Where will they be? \_\_\_\_\_

Will you get your cat declawed? \_\_\_\_\_ Where will your pet sleep? \_\_\_\_\_

Have you given a pet to a shelter or rescue group in the past? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Do you agree to CLAWS adoption fee? \_\_\_\_\_ Do you have a veterinarian to reference? \_\_\_\_\_

References (Veterinarian or two personal) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anything else ?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_