

PROVIDENCE

ANIMAL CENTER

CAT ADOPTION APPLICATION

Date & Time _____ Cat Name _____ Cat ID # _____

Adopters Information

Name _____ Driver's License/State ID # _____

Address _____ City _____

State _____ Zip _____ Township _____ County _____

Phone (home) _____ (cell) _____

Place of employment _____ (work #) _____

Do you live in a: House Apartment Trailer Townhome

Do you: Own Rent If you rent, what is your landlord's name and phone number?

Do you live with your parents? Yes No Are you 18 years of age or older? Yes No

Why are you choosing to adopt from Providence Animal Center? _____

Adoption Information

What is your past and/or current experience with cats? _____

Had a cat as a child Have had 1 or 2 cats as an adult Have had more than 3 cats as an adult

Experienced in resolving behavior issues Frequently care for friends' cat(s) First-time owner

What characteristics are you looking for in a cat/kitten? _____

Why are you adopting an animal? _____

Have you adopted from Providence Animal Center before? Yes No

If yes, where is the pet now? _____

Who will primarily care for this cat (feeding, playtime, vet visits)? _____

Do you plan to keep the cat:

- Strictly indoors?
- Let out in fenced-in yard or on a leash?
- Let outside at his/her leisure?
- Declaw this cat?
- Train to do tricks?
- Keep confined to one area of the home?



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Lifesaving. Adoption. Wellness. Community.

What are some reasons you would relinquish this cat back to Providence Animal Center? (e.g., human aggression, animal aggression, incurable elimination problems, moving, having a baby, cannot afford any longer, etc.)

Previous & Current Pet Information

Have you ever had a pet:

- Run away?
- Get hit by a car?
- Die in your care?
- Kept as an outdoor pet?

If so, please explain:

Have you ever:

- Given/sold an animal to a family member?
- Given/sold an animal to other person?
- Declawed a cat?
- Given an animal to a rescue or other animal welfare society (please list the organization(s))?

If yes to any question above, please explain

What pets do you currently have or have had in the past three years in your household?

- Dog Cat Name: _____ Age: _____ Current Deceased
- Dog Cat Name: _____ Age: _____ Current Deceased
- Dog Cat Name: _____ Age: _____ Current Deceased
- Dog Cat Name: _____ Age: _____ Current Deceased

Were previous pets taken to the vet annually? _____ Are your pets spayed/neutered? _____

Were previous pets spayed/neutered? _____ If no, please explain why _____

Who is your veterinarian? _____ Phone number _____

What name are the vet records under? _____

If you have other veterinarians that may have records for your current or past pets, please write their name and phone number

Household Information

Please list the names and ages of all people living in the home and their relationship to you (e.g., spouse/partner, roommate, daughter)

Name: _____ Age: _____ Relationship: _____

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Name: _____ Age: _____ Relationship: _____

Do children (not in the immediate family) ever visit your home? _____ If so, how often? _____

Age(s) of the children: _____ Are you willing and able to manage interactions in your home between your new pet and any children? _____

Does anyone in the household have allergies to any kind of animals? Yes No

If YES, have they consulted with a doctor about getting an animal? Yes No

If YES, are they taking medication? Yes No

Are you In the process of moving, or anticipate moving within the next few months? Yes No

If you ever move, have you considered that another place may not allow pets? Yes No

What will you do if this happens? _____

New Pet Information

Please understand that it may take a new cat 2 weeks or more to adjust to a new home and/or to other pets and visitors.

Where will you keep this cat? (Please check ALL that apply) Free run of house In garage

One room in house Inside cat Outside cat Inside/outside cat Yard with a fence

Basement Other _____

Where will the cat be kept during the day? _____ At night? _____

How many hours will the cat spend alone? _____

Where will he/she be kept when he/she is alone? _____

Why do you want a cat? (Please check ALL that apply) House pet Gift for friend or relative

Companionship Mouser Other (Please explain) _____

Will this cat ever be allowed outdoors? Yes No

If yes, under what conditions and why? _____

I certify that I have read this questionnaire and that all information I have given is true and accurate, and that I understand that any falsification may result in the nullification of an adoption.

Signature

Name

Date

For Office Staff Only

Adoption counselor _____

ID check _____ DNA check _____ Vet check _____ Family verification _____

Read all previous history in animal record _____ Homeownership/landlord approval _____

Printed and reviewed health records _____ Microchip check _____

Areas of emphasis that were counseled for this cat:

Indoor/outdoor concerns _____ Vet concerns _____ Declawing _____ Confining _____

Child restrictions _____ Animal restrictions _____ Work schedule _____

Pet's activity level/exercise needs _____ Medical conditions _____

Other: _____

Adopter's email address _____

Emergency contact info: _____

Notes: