

CAT SUPPORT NETWORK ADOPTION APPLICATION

email: info@catsupport.net voicemail (925) 252-5445

If you cannot answer **TRUE** to **ALL** OF THE following questions – THEN STOP and speak to a volunteer before completing this application:

- I am at least 21 years of age
- I can and will commit to keeping this cat(s) for its entire life
- I am certain my job will not relocate me outside the US
- I am not a student
- I know a cat can live to be 20 years old
- I plan to live full-time in the US for the next 20 years

Please note: Completing this application does not guarantee an adoption.

Name of cat you are interested in adopting:

I am adopting this cat as a surprise for someone outside my household: YES No Relationship:

APPLICANT AND CO-APPLICANT INFORMATION

Applicant's Name:		Home phone:	
Email:		Cell phone:	
Address:		Unit:	
City:		Zip Code:	
How long at the above address? _____ Years _____ Months		Do you: <input type="checkbox"/> Rent <input type="checkbox"/> Own	
<input type="checkbox"/> CA license or ID card	Number:	Expiration Date:	ID matches above address <input type="checkbox"/> YES <input type="checkbox"/> NO
Above address is a: <input type="checkbox"/> House <input type="checkbox"/> Townhouse/Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Apartment			
Are you planning to move within the next six months? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you have a roommate(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If renting, list name of Complex:			
Name of Landlord:		Phone:	
Are you: <input type="checkbox"/> Working? Occupation: _____ <input type="checkbox"/> Retired? <input type="checkbox"/> Student? <input type="checkbox"/> Unemployed? <input type="checkbox"/> Other:			
Applicant's Employer:		Work phone:	
Co-Applicant's Name:		Cell phone:	
Co-Applicants email:			
Co-Applicant's Employer:		Work phone:	
How many in household: Adults (___F / ___M)		Children (___F / ___M)	
Ages of children:			
Do all members of your household agree to a new pet? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Does any member of your household have allergies to cats? <input type="checkbox"/> YES Explain: _____ <input type="checkbox"/> NO			
How often do you travel: <input type="checkbox"/> Frequently _____ times a year <input type="checkbox"/> Occasionally <input type="checkbox"/> Almost never			
References: Please list two references not living with you, including phone numbers, below:			
Name:		Phone:	
Name:		Phone:	

CAT PREFERENCES

I prefer: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No preference		I prefer cats with: <input type="checkbox"/> Short hair <input type="checkbox"/> Medium hair <input type="checkbox"/> Long hair <input type="checkbox"/> Any	
Please describe the temperament and activity level you are looking for in a cat: <i>(check all that apply)</i>			
<input type="checkbox"/> Zippy, high energy, kitten like	<input type="checkbox"/> Talkative	<input type="checkbox"/> Responsive	<input type="checkbox"/> Lap cat
<input type="checkbox"/> Mellow, easy going	<input type="checkbox"/> Quiet	<input type="checkbox"/> Independent	<input type="checkbox"/> Very affectionate
The noise/activity level at my home is usually: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High			
I need a cat that will tolerate being alone at least _____ hours per day			

Most cats and kittens REQUIRE some time to adjust to feeling safe and comfortable in the new surroundings.

How much time will you be willing to give the cat to adjust?

None, the cat needs to be "good to go" One week Two weeks One month As long as it takes

Can you provide a "safe room" for the cat today? NO YES Which room?

What will you do if your cat develops behavior issues such as scratching furniture, meowing too much, biting, shedding or urinating inappropriately?

Have you ever had to re-home or give away or take a cat to a shelter? YES NO Reason _____

Under what circumstances, would you re-home or give away or take a cat to a shelter now?

Moving New Baby Allergies Health issues Behavior problems
 Divorce New partner Want to travel Scratch furniture Not getting along with other pets

PLEASE THINK CAREFULLY ABOUT THIS: If or when you move or have to re-locate to another state, you will:

Take my pets with me Find a pet-friendly neighbor Find my cat a new home Give my cat to a relative Not sure

CURRENT PETS? TOTAL # OF CATS? _____ TOTAL # OF DOGS? _____ CURRENTLY I HAVE NO PETS

Type (i.e. dog, cat, etc.)	Age	Sex	Shots Up To Date?	Spayed or Neutered?	Declawed?	Percentage of the time your pet spends:		
						Inside?	Outside?	In Garage?
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Dog owners: When your dog needs to go outside to relieve itself, do you: (check all that apply)

Take the dog for a walk Have a dog door Open the door for him Leave the door open

PREVIOUS PETS (WITHIN THE PAST 3 YEARS)? I HAVE NOT HAD A PET IN THE LAST 3 YEARS

Type	Age	Sex	Spayed or Neutered?	In, Out or Garage?		Where is this pet now?
				Day	Night	
CAT?		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No			
DOG?		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No			

CAT CARE

Name of Primary Veterinarian or Clinic: _____

City: _____ Phone: _____

If I adopt this cat, I would remove claws (de-claw): Front Paws All Paws Never Not sure Depends on behavior

I will take this cat to the vet: For a yearly exam When cat shows signs of illness If behavior issues

Who will be responsible for this cat's daily care? Self Spouse Children Roommate

What brand of cat food do/did you normally feed your cat? Dry _____ Moist _____

During the day, where will cat stay: anywhere in house anywhere in or outside in garage bath/laundry other

During the night, where will cat stay: anywhere in house anywhere in or outside in garage bath/laundry other

I plan to put the litter box: Bath or laundry Bedroom Spare room Patio Garage other _____ Not sure

I certify that all of the above information is true and correct:

Signature: _____

Date: _____