



## APPLICATION FOR ADOPTION CAT OR KITTEN

**PLEASE ALLOW AT LEAST ONE HOUR FOR THE ADOPTION PROCESS TO BE COMPLETED.**

AAC is pleased that you have decided to apply for adoption of a cat or kitten from us. Every animal adopted from AAC has been spayed or neutered, as required by Texas State Law.

To be considered for adoption, you must meet the following requirements:

- ö Have photo identification showing your present address
- ö Have the knowledge and consent of all adults living in the household
- ö Be able and willing to spend the time and money necessary to provide the training, medical treatment, and proper care of the pet
- ö Have the funds to pay the adoption fee

AAC Policies:

- ö No cats or kittens will be adopted to families with young children unless we meet the child/ children to see how they interact with the pet
- ö AAC representatives will call periodically about the health and well being of the cat or kitten
- ö Cats or kittens are adopted for inside pets

### PLEASE COMPLETE THE FOLLOWING:

How did you hear about AAC?

Walk-in  Friend  Petfinder  AAC Volunteer  Other

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Spouse/ Roommate Name: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Spouse/ RM Employer: \_\_\_\_\_ Spouse/ RM Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Are you a US citizen?  Yes  No

Name or description of cat/kitten desired: \_\_\_\_\_

Case Number: \_\_\_\_\_ What characteristics are you looking for in a cat or kitten? \_\_\_\_\_

Do you live in: (check one)

- House                       Apartment                       Mobile Home                       Condo/Townhome  
 Other (describe) \_\_\_\_\_

Do you: (check one)                       Own                       Rent/Lease

If rent/lease, name of Landlord/Complex: \_\_\_\_\_

Phone number of Landlord/Complex: \_\_\_\_\_

Amount of deposit required: \_\_\_\_\_ Have you paid the deposit yet?     Yes     No

If not, when do you intend to pay it? \_\_\_\_\_

Are you planning on moving soon?                       Yes     No

If you do move, what would you do with your pets? \_\_\_\_\_

What would you do if you need to move to a place that does not allow pets? \_\_\_\_\_

Why did you decide to adopt a cat?

Do you want a cat for? (check all appropriate lines)

- House pet                       Family Pet                       Company for other pet  
 Mouser                       Gift                       Companion for elderly family member  
 Barn Cat                       Child's pet  
 Other \_\_\_\_\_

Is the pet for: (Check yes or no for each one)

- Inside only                       Yes     No  
Outside only                       Yes     No  
Inside and Outside                       Yes     No

Where will the cat be during the day? \_\_\_\_\_

Where will the cat stay at night? \_\_\_\_\_

Where will the cat stay when you are away from home or on vacation? \_\_\_\_\_

What would be a good reason for letting your cat outside? \_\_\_\_\_

How many hours a day will the cat/kitten be alone? \_\_\_\_\_

How does everyone in the household feel about owning a cat/kitten? \_\_\_\_\_

How many adults live in your household? \_\_\_\_\_ Children? \_\_\_\_\_

Please list the ages of all children in the household: \_\_\_\_\_

Do you use a babysitter?  Yes  No If so, have you discussed how the babysitter feels about cats?  Yes  No

How long do you think it should take for a cat/kitten to adjust to your home? \_\_\_\_\_

Are you familiar with local regulations regarding licensing and leashing of your pets?  Yes  No

How much do you anticipate spending yearly for food, toys, medical care, grooming and other expenses for this pet?

\$100  \$200  \$300  \$400  \$500 or more

If the pet becomes seriously ill or injured and needs extensive veterinary care, what would you do?

What would you do if the pet exhibits destructive behavior?

Where do you intend on placing the litter box? \_\_\_\_\_

Do you have a pet door?  Yes  No

Do you intend on declawing your cat?  Yes  No

If so, why? \_\_\_\_\_

What brand(s) of food do you intend to feed your cat or kitten?

Dry Brand \_\_\_\_\_ Wet Brand \_\_\_\_\_

Are you familiar with the following feline diseases:

Feline Leukemia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Stomatitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Feline Aids	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vaccine Related Fiber Sarcoma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heartworms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ringworm	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Urinary Tract Infection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	FIP	<input type="checkbox"/> Yes	<input type="checkbox"/> No

What would you consider a good reason to give up this pet?

Fleas  Pregnancy  Moving  Not Using Litter Box  
 Scratching Furniture  Biting  Allergies  Other: \_\_\_\_\_

If you could no longer care for this pet, what would you do? \_\_\_\_\_

Do you have a regular veterinarian?  Yes  No

If so, name and phone number of vet clinic: \_\_\_\_\_

Please initial to authorize permission to request information from your veterinarian: \_\_\_\_\_

How often do you think a cat should see a veterinarian? \_\_\_\_\_

**PLEASE LIST ALL ANIMALS CURRENTLY OWNED:**

Breed/ Description	Neutered (Yes/No)	Sex (M/F)	Last Date of Vet Visit	Age	Where Kept

**PLEASE LIST ALL ANIMALS PREVIOUSLY OWNED:**

Breed/ Description	Neutered (Yes/No)	What happened to this pet?	Age	Where Kept

**I certify that the above information is true and understand that any false information may result in denial of this application. This application is the property of Adopt A Cat, Inc. AAC reserves the right to decline any adoption.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Adoption Staff Only**

First Interview by: \_\_\_\_\_ Second Interview by: \_\_\_\_\_

Approved  Declined

Comments: \_\_\_\_\_

**Pet Deposit Payment Verification**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Performed By: \_\_\_\_\_

Viewed Lease:  Yes  No

Phone Number: \_\_\_\_\_ Person Spoke With: \_\_\_\_\_ Title: \_\_\_\_\_

**Home Inspection**

Home Inspection Date: \_\_\_\_\_ Performed By: \_\_\_\_\_

Type of Property:  Home  Mobile Home  Apartment Does the adopter own a crate?  Yes  No

How many other animals? \_\_\_\_\_ Describe: \_\_\_\_\_

List topics and issues discussed during visit: \_\_\_\_\_