



# STREETCATS, INC.

## ADOPTION APPLICATION

This questionnaire is not intended to invade your privacy, but to ensure that the right pet goes to the right home. All adoptions are made at the discretion of StreetCats, Inc. **You will hear from us within 7 days, or please assume your application was not selected.**

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

First Choice-StreetCat Name: \_\_\_\_\_

Description: \_\_\_\_\_

If the cat you have chosen is unavailable, do you have a second choice? \_\_\_\_\_

Second Choice-StreetCat Name: \_\_\_\_\_

Description: \_\_\_\_\_

.....  
Your Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone/Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

.....  
**Circle one:** Cat will be **Inside Only** **Outside Only** **Inside/Outside**

Are you aware that the cost to feed, vaccinate, and provide medical care of this animal can run into hundreds of dollars per year? \_\_\_\_\_

How many adults live in your home? \_\_\_\_\_ Children? (Ages) \_\_\_\_\_

Is anyone in your family allergic to animals? \_\_\_\_\_ Explain: \_\_\_\_\_

Do you live in a house \_\_\_\_\_ or apartment \_\_\_\_\_?

Does your landlord/apartment complex allow pets? \_\_\_\_\_

May we contact your landlord/apt. complex? \_\_\_\_\_ Phone: \_\_\_\_\_

When you travel, who will care for your cat? \_\_\_\_\_

If you are unable to continue to care for your cat(s) what will happen to them? \_\_\_\_\_

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Please list any pets that you "currently" have:

Name	Breed/Species/Cat/Dog	Age	Spayed/Neutered
			Yes / No
			Yes / No
			Yes / No
			Yes / No

Are all of your pets current on vaccinations? \_\_\_\_\_

Name and telephone number of vet you currently use \_\_\_\_\_

If you have no current vet, please list the name and number of a previous veterinarian that could give you a reference:

\_\_\_\_\_

Please list any pets (other than those listed previously) that you have had in the last 5 years:

Name	Species/Breed	Spayed / Neutered	Reason for no longer having pet	Age when pet died
		Yes / No		
		Yes / No		
		Yes / No		
		Yes / No		

How do you discipline your pets? \_\_\_\_\_

\_\_\_\_\_

Why do you want a cat? \_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name (not a relative) \_\_\_\_\_ Phone: \_\_\_\_\_

I certify that the above is true and that any false information may result in nullifying the adoption. I give StreetCats, Inc. permission to contact any veterinarians listed to obtain current and past medical records and pet care information. In addition, I understand the adoption decision is dependent on many factors, including but not limited to the compatibility of the family and home to the individual animal and other applications received on this cat.

Applicant Signature: \_\_\_\_\_

.....

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Reference Check by: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

Approved: \_\_\_\_\_ Rejected: \_\_\_\_\_

Applicant notified by: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewer Comments: _____ _____ _____ _____ _____
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