

TailSpin Cat Sanctuary Adoption Application

REQUIRED AT TIME OF ADOPTION: DRIVERS LICENSE AND CAT CARRIER



Name: _____ Occupation: _____

Address: _____ Home phone: _____

City/Zip: _____ Work phone: _____

Email Address: _____ Cell phone: _____

Name of Spouse/Significant Other: _____ Children (with ages): _____

List any additional people in the household: _____

Who will be responsible for the cat's care (feeding, cleaning litter box, taking to vet)? _____

Has anyone in your household experienced allergies or asthma? _____

Why are you looking to adopt a cat? (check or underline all that apply)

Companion for you/spouse Companion for children Companion for pet Gift for _____
 Replace lost/deceased cat Other (please explain) _____

Is your home a: House Apartment Condo Other How long have you lived at this address? _____

Do you have plans to move in the near future? _____ Where to? _____

Do you rent or own your home? _____ If renting, do you have permission to have a pet? _____

Landlord's name and phone number _____

If you live in a condo, what are the association's rules about keeping pets? _____

Do you have any of the following? Patio Balcony Pet door Unscreened windows Unscreened doors
 Back Yard Front Yard Other means of outdoor access for a cat (describe): _____

Will your pet be allowed in any of the above areas? _____

Are you willing to have a Cat Connection representative visit your home? _____

In what areas of your home will your cat be allowed? _____ Where will you keep the litter box? _____

Where will your cat sleep at night? Cat Bed Garage My Bedroom Anywhere (s)he wants Other _____

How many hours of the day will your cat be left alone? _____ Where will (s)he be left when alone? _____

Will your new cat be an indoor or outdoor pet? Indoors Outdoors Both

If allowed outside Anytime Daytime only Under supervision On balcony/patio only On a leash

If both, how much time will your new cat be outdoors? _____ Indoors? _____

Do you free feed: _____ if no explain schedule _____

Is this your first pet? _____ Do you have other pets? Dogs? _____ Cats? _____ Other? _____

What brands of pet food do you feed your pets? _____ What are their favorite toys? _____

Please list any pets you currently own: _____

Please list any pets you previously owned: _____

What happened to pets you previously owned? _____

Do you plan on declawing your new pet? _____

Do you have a veterinarian? _____ Vet's name and phone #: _____

Have you had problems with any of the following?

Scratching furniture/carpet/drapes Scratching people Fleas High vet bills Litter box problems

Fighting with other pets Excessive shedding Running away Other _____

What will you do if your cat claws the drapes or furniture? _____

What is a behavior that would not be acceptable to you? _____

If deceased, what was the cause of death? _____

If you own or previously owned cats, were any of them declawed? _____ If so, why? _____

What will you do with your new cat:

if you move to a new home that does not allow pets? _____

if you get married (if you're single)? _____

if a new boyfriend/girlfriend is allergic to cats? _____

if you travel? _____

if you moved locally? _____ Out of state? _____

If anything happens to you? _____ If you have other

dogs or cats, are they spayed/neutered? _____

If you have cats, are their vaccinations current? _____ Have they been tested for leukemia (FeLV)? _____ Tested for FIV? _____

If you currently have a cat or dog, how often does your pet visit the veterinarian? _____

When was the last visit and for what services? _____

Are you prepared to cover any vet expenses your pet may incur throughout its life? _____

Is there a limit? _____ How much is too much? _____

Under what circumstances would you not be able to keep this new cat?

REMINDER: BRING A CAT CARRIER....

THIS APPLICATION BECOMES PART OF OUR CONTRACT.

I certify that all the above information is true and accurate.

SIGNATURE: _____

DATE: _____

REVIEWED BY: _____

VENUE LOCATION: _____

CAT PREFERENCE: _____