

## **Angel Cat Pet Adoptions Application**

[www.angelcatpetadoptions.org](http://www.angelcatpetadoptions.org)

Fax Completed Applications to 714/534-3826

Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone # \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email \_\_\_\_\_ Work Phone # \_\_\_\_\_

Name of Spouse/Significant Other or Emergency Contact and Phone \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer \_\_\_\_\_ Years There \_\_\_\_\_

Who will be responsible for the cat's care? (feeding, litterbox, taking to vet) \_\_\_\_\_

Age of primary caregiver of cat \_\_\_\_\_

Name of Desired Cat/Kitten \_\_\_\_\_ Second Choice \_\_\_\_\_

Breed/Type \_\_\_\_\_ Male ☐ Female ☐ No Preference ☐ Desired Age \_\_\_\_\_

Energy Level Preference: Low (lap cat) ☐ Medium ☐ High (very playful) ☐

Reason for Adopting: Family Companion ☐ Companion for Pet ☐ For Child ☐ Gift ☐ Mouser ☐

Experience w/Pets: First time pet owner ☐ Had pets growing up ☐ Have had a couple ☐ Have had many ☐

Do you live in a: House ☐ Apt ☐ Condo ☐ Mobile Home ☐ Military ☐ Live w/parents ☐ Other ☐

How long there: \_\_\_\_\_ Do you: Own ☐ Rent ☐

If you rent, do you have permission from your landlord to have a pet? Yes ☐ No ☐

Landlord Name \_\_\_\_\_ Phone # \_\_\_\_\_

List any additional people in the household and ages: \_\_\_\_\_

Would you allow a home inspection by our personnel? Yes ☐ No ☐

Is anyone in your home allergic to animals? Yes ☐ No ☐ Don't Know ☐

Do or have you owned any cats? Yes ☐ No ☐ Have they been Felv/Fiv tested? Yes ☐ No ☐

Are or were they Declawed? Yes ☐ No ☐ Will your new cat be Declawed: Yes ☐ No ☐

Does or did your cat go outside? Yes ☐ No ☐ On Harness ☐ In own yard ☐

Will your new cat be allowed on/in: Patio ☐ Garage ☐ Balcony ☐ Do you have a doggy door: Yes ☐ No ☐

Where will the new cat be kept: Indoor/Outdoor ☐ Indoor Only ☐ Outdoor Only ☐

Cats and kittens are known to chew/claw furniture, carpets and drapes and dig in potted plants, etc.

How will you deal with this problem? \_\_\_\_\_

Children may be scratched or bitten by a pet (especially playful kittens). If so, how will you handle it?

\_\_\_\_\_



On the first night home, where will the cat stay? \_\_\_\_\_  
 How soon after the cat arrives will it be left alone? \_\_\_\_\_  
 How many hours a day will the cat be left alone? \_\_\_\_\_  
 How often do you travel/vacation? \_\_\_\_\_  
 Who will care for your cat when gone: Friend/Relative[ ] House Sitter[ ] Kennel[ ] Other [ ] \_\_\_\_\_  
 What would happen to the cat if you were to move? \_\_\_\_\_

In what situation would you consider giving up this cat? Divorce[ ] Move[ ] New Baby[ ] Re-Marry[ ]  
 Bites/Scratch[ ] Litterbox Problems[ ] Other[ ] \_\_\_\_\_

Name of current/past Veterinarians used: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Animals treated: \_\_\_\_\_

Are you aware that cats need regular vaccinations & require routine veterinary care? Yes [ ] No [ ]

Are you willing and financially able to provide veterinary care if the cat becomes sick or injured?

Yes[ ] No[ ]

What would you do if your cat required expensive veterinary care? \_\_\_\_\_

The life span of a cat may be up to 20 years. Are you prepared to care for this cat for its natural life?

Yes [ ] No [ ]

Do you have someone who will care for the cat if you are unable to? Yes [ ] No [ ]

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

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

#### Current Pets –

Name & Type of Pet	Age	M/F	Indoor or Outdoor	How Long Owned	Temperment

#### Past Pets –

Name & Type of Pet	Age	M/F	Indoor or Outdoor	How Long Owned	Status	If Deceased, Cause & Date

As evidenced by my signature below, I attest that the answers that I have given in this document are true and factual to the best of my knowledge and that I have not misrepresented myself in any way. I understand that the completion of this application does not guarantee me the adoption of an Angel Cat Pet Adoptions cat and that Angel Cat Pet Adoptions has the right to decline my application for adoption for any reason.

\_\_\_\_\_  
 Applicant Signature /Date

\_\_\_\_\_  
 Co-Applicant Signature /Date

If you are not contacted within five (5) days of submitting your application it means that it was NOT approved.