



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? _____ Ages of all children _____

Is anyone in your family allergic to animals? _____ Explain: _____

Do you live in a house _____ or an apartment _____?

Does your landlord/apartment complex allow pets? _____ Phone # for contact: _____

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? _____

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 all VET facilities that you have used within the last year for vaccinating or providing other medical care for your animals _____

If you have no current vet, please list the name and number of all previous veterinarians: _____

Does your home have a pet door that a cat/dog can go in/out of? _____

PERSONAL REFERENCES

Name: _____

Phone: _____

Name (not a relative) _____

Phone: _____

If no Vet reference, give 3rd personal reference _____ Phone: _____

(For StreetCats Use Only – Comments from Vet and Personal References)

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? _____

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: _____

Date: _____

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Interviewed by: _____ Date: _____

Reference Check by: _____ Date: _____

Approved: _____ Rejected: _____

Applicant notified by: _____ Date: _____

(For StreetCats' use only – Volunteers who met this applicant, please write in your comments below)
