

CATS OF DAVIDSON ADOPTION APPLICATION

Applicant Information

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|---|---|
| Full Name: | Phone Number: |
| Street Address | Street Address Line 2 |
| City | State & Zip Code |
| E-mail | |
| Number of People in Household: | If children are in household, please list ages: |
| Name of cat/kitten(s) you are interested in: | |
| Do you own your own home? | If no, what is your landlord's policy on pets? |
| <p>What is your reason for wanting to adopt a cat? *</p> <ul style="list-style-type: none"> <input type="radio"/> Companion for Myself/Family <input type="radio"/> Companion for Another Pet <input type="radio"/> Companion for friend/relative <input type="radio"/> Barncat <input type="radio"/> Gift <input type="radio"/> Other <p>If other, please explain:</p> | |
| Do you consider your pet a part of the family? | |
| Do you believe a pet is a lifelong commitment? | |

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| Are you prepared to commit, care for, and provide veterinary care to a pet for 15 - 20 years (average life span)? | |
| Are all family members in agreement about adopting a new pet? * | Who will be the principal caretaker of your new pet? |
| Will your pet be: <input type="radio"/> Inside Only <input type="radio"/> Outside Only <input type="radio"/> Both Inside and Outside Only | What is the traffic like around your home? <input type="radio"/> Busy <input type="radio"/> Slight <input type="radio"/> Residential <input type="radio"/> Country/Off Main Road |
| Are you planning on declawing your new cat or kitten? * <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe | Are your current cats declawed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A |
| Are any members of your household allergic to animals? <input type="radio"/> Yes <input type="radio"/> No | Are you willing to take responsibility if this pet acquires an illness? <input type="radio"/> Yes <input type="radio"/> No Are you willing and able to pay the veterinary costs of caring for your new pet? <input type="radio"/> Yes <input type="radio"/> No |

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Pet Information

| | | |
|---|-----|---|
| Over the past 5 years, how many pets have you owned? (Include current pets) * | | |
| Please list breed, age, and if they are still living with you. If not, why? | | |
| Please list breed, age, if they're still living with you? (if not, why?) | | |
| Breed | Age | Current status |
| | | |
| | | |
| | | |
| Have you ever lost or given away a pet? * <input type="radio"/> Yes <input type="radio"/> No | | If yes, please explain: |
| Are your current pets up-to-date on their annual vaccines? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A Can/Will you provide your cat with monthly flea/tick prevention? <input type="radio"/> Yes <input type="radio"/> No | | Are your present pets spayed or neutered? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A |

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Vet References

| | |
|--------------------------------------|--|
| Name/Company/City/State of Last Vet: | |
| Phone Number: | |
| | |

Personal References (Complete only if you have NEVER had a Veterinarian)

| | |
|---------------|--------------------------------|
| Name: | Relationship: |
| Phone Number: | Best time to contact/comments: |

I/we have read the previous information carefully and have completed this application honestly. I/we understand that omission of information and/or failure to answer all questions and sign the application can result in this application being declined.

| | |
|------------|--------------------|
| Name: | Co-Applicant Name: |
| Signature: | Signature: |
| Date: | Date: |