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ADOPTION APPLICATION


Cat Matchers
P.O. Box 703182

Dallas, TX 75370
972-458-7877
Fax: 877-687-8770 (877-68PURR0)
Catmatchers@yahoo.com

Adoption Location
Cat's Name
System number
Description

Completion of this form is a requirement for adoption. The information provided helps us assist in finding a good match for both you and the cat. Cat Matchers reserves the right to refuse adoption to anyone. Adoption approval and refusal decisions are made solely at Cat Matchers' discretion.

Applicant 1 $\qquad$
Birth date $\qquad$
Street Address: $\qquad$
City/State/Zip $\qquad$
$\qquad$ Relationship $\qquad$

Place of Employment $\qquad$ Hours $\qquad$ Occupation $\qquad$

## PLEASE COMPLETE ALL QUESTIONS

1. How did you hear about us? ---Choose one---

Other:
2. Did you contact anyone from Cat Matchers before coming here? $\square$ Yes $\square$ No Who $\qquad$
2. What kind of cat are you looking for: ---choose one---
3. Do you have any preferences as to breed, size, hair length, sex, etc? $\qquad$
4. Have you ever owned a cat? $\square$ Yes $\square$ No
5. Have you ever adopted from Cat Matchers or any other humane society or shelter? $\square$ Yes $\square$ No
6. If yes, which one? $\qquad$ When? $\qquad$
7. Do you still have that pet? Yes/no If not, what happened to it? $\qquad$
8. List pets currently in household:
Type
Breed
Sex
Neutered?
Age?
Kept where?
10. List pets (other than those listed above) owned in past five years:

Type Breed Sex Neutered? Age? Kept where? What happened to pet?
$\qquad$
$\qquad$
$\qquad$
$\qquad$
11. Are all of the pets in your household up-to-date on rabies and vaccinations? $\qquad$
12. Who is your Veterinarian? $\qquad$ Phone \# $\qquad$
13. In your adult life-have you lost pets from: (Check all that apply)
$\square$ old age $\square$ illness $\square$ ran away/lost $\quad \square$ hit by car $\square$ other injuries more info: $\qquad$  $\square$
14. Do you currently own/rent: $\square$ house $\square$ apartment $\square$ mobile home $\square$ duplex $\square$ live with friend or family
15. If you rent, does your lease allow pets? $\quad$ Do you have a pet deposit? $\quad$ How much?
14. Do you currently own/rent: $\square$ house $\square$ apartment $\square$ mobile home $\square$ duplex $\square$ live with friend or family
15. If you rent, does your lease allow pets? ___ Do you have a pet deposit? $\quad$ How much?
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15. If you rent, does your lease allow pets? ___ Do you have a pet deposit? ___ How much?
16. Is the pet deposit already paid? $\qquad$ If not, when will it be? $\qquad$
17. If you rent, please give leasing office/landlord contact \# for verification $\qquad$
18. How long have you lived at your current address? $\qquad$ Are you planning to move soon? $\square$ Yes $\square$ No
19. If you had to move, what would you do with your pets? $\qquad$
20. Where would the pet stay if you went out of town? $\qquad$
21. How many people live in your household? $\qquad$ Children's ages?
22. Do all of the adults in the home know about this adoption? $\qquad$ Do they all like pets? $\qquad$
23. Does anyone in your household have any known allergies to animals? $\qquad$
24. Who will be responsible for the care of this cat? $\qquad$
25. Where will this pet be kept during the day? (Check all that apply)
$\square$ Inside $\square$ Outside $\square$ Crated $\square$
Garage $\square$ Cat Enclosure
$\square$ Barn $\square$ Locked in room
26. Where will this pet be kept during the Night? (Check all that apply) $\square$ Inside $\quad \square$ Outside $\quad \square$ Crated $\quad \square$ Garage $\quad \square$ Cat Enclosure $\quad \square$ Barn $\square$ Locked in room
27. Is anyone home during the day? $\qquad$ How many hours at a time will this pet spend alone? $\qquad$
28. Have you considered the costs involved in adopting a pet (food, vet care, housing, etc.)?
29. Do you feel you can afford the cost to maintain this cat for its lifetime (12-15 years)? $\qquad$
30. How do you plan to transport this cat? $\qquad$
31. Do you plan to declaw this cat? $\qquad$ If so, are you familiar with alternatives to declawing? $\qquad$
32. Have you litterbox-trained cats before? $\qquad$ Where will you keep the litterbox? $\qquad$
33. If you have dogs, have they been exposed to cats before? $\qquad$
34. No cat is perfect! Please tell us what behaviors you are unwilling or unable to work through: (Please check all that apply)
a. $\square$ eliminating outside the litterbox
b. $\square$ scratching furniture or carpet
c. $\square$ biting/chewing/sucking
$\qquad$
35. How long will you give this cat to adjust to your home?
36. How do you feel about spay/neuter surgery?
37. Have you ever brought an animal to a shelter or animal control? $\qquad$
38. Why?

My signature certifies that the above information is true and complete:
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