



CAT ADOPTION APPLICATION

To apply to adopt a cat or kitten, please complete this form and return it to:

Companions in Waiting, P.O. Box 213, Half Moon Bay, CA 94019

Please answer as completely as possible. Feel free to attach additional pages for longer answers. Complete information helps us make the best match so you and your new pet have the best possible experience.

YOUR CONTACT INFORMATION

Last name		First name	Email
Address			Daytime phone
City	State	Zip code	Evening phone

YOUR NEW PET

Why do you want a kitten or cat?

Describe the kitten or cat you are looking for:

Preferred age range(s): <input type="checkbox"/> Kitten (< 6 months) <input type="checkbox"/> Young (6 mos - 2 yrs) <input type="checkbox"/> Adult (2 yrs - 7 yrs) <input type="checkbox"/> Senior (over 7 yrs)	Coat length(s): <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long <input type="checkbox"/> No preference	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No preference	Do you prefer a declawed cat? <input type="checkbox"/> Declawed <input type="checkbox"/> Not declawed <input type="checkbox"/> No preference
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Who will be the primary caretaker of the kitten/cat?

How many hours per day will the kitten/cat be left alone?

How much time each day will you be able to spend with your kitten/cat?

Where would this cat be living? Indoor only Outdoor only Other (describe) _____
 Indoor / outdoor Garage or barn _____

HOUSEHOLD INFORMATION AND PET HISTORY

How many of each currently live in your home? Please list ages for cats, dogs, and children.

Adults _____ Children _____ Cats _____ Dogs _____ Other animals _____
 ages _____ ages _____ ages _____

Does anyone in your household have cat allergies? Yes No Whom?

How does this person plan to manage their allergy?

Have you had pets in the past 10 years? (please describe)

How long did you have them?

COMPANIONS IN WAITING CAT ADOPTION APPLICATION *(cont.)*

HOUSEHOLD INFORMATION AND PET HISTORY CONTINUED

If you have had to give up a pet in the past, please describe the circumstances:

Are your current pets spayed/neutered? Yes No Declawed? Yes No n/a

Where do your current pets live? Indoor only Outdoor only Other (describe)
 Indoor / outdoor Garage or barn _____

Are all of your windows securely screened? Yes No

Name of the veterinarian you use:

Veterinarian's phone number:

May we call your veterinarian for a reference? Yes No

Date of your last visit? Reason:

Are your pets current on all their vaccinations? Yes No

Do you rent or own your home? Own Rent How long have you lived there?

NOTE: If you rent your home, you will need to sign a copy of our Policy for Renters before an adoption can be finalized. A copy may be downloaded at <http://www.CompanionsInWaiting.org/pdf/renters.pdf>

PET OWNERSHIP AND FUTURE PLANNING

If you had to move, what would you do with your pet?

If you must give up your pet, what would you do?

What kind of responsibility do you feel pet guardianship involves?

Your signature below certifies that the above information is true and correct to the best of your knowledge. Any falsification of the above information is grounds for denial of this application. Companions in Waiting reserves the right to refuse any adoption at our discretion.

See our website for our complete Adoption Policy: <http://www.CompanionsInWaiting.org/apply/process.php>

Adopter signature: _____ **Date:** _____

Office use only	Date	Approved? Y / N	Initial:
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