



Longview Animal Care & Adoption Center

Cat Adoption Application

Landlord Info:

Yes: _____ No: _____

Application for (cat name): _____ Animal #: _____

| | |
|------------------------------------|-------------------|
| First Name: | Last Name: |
| Address: | City: State: Zip: |
| Cell phone: | Home phone: |
| Date of Birth: | Email: |
| Alternative contact for microchip: | |

Veterinarian: _____ Phone: _____

Do you live in: House Apartment Condo Duplex Farm/Acreage

Do you rent or own your own home? Own Rent Live with parents/other family members

Please tell us about the people currently residing in your household:

Adults: How many? _____ Ages _____ Children: How many? _____ Ages _____

Have the children in the home lived with cats before? Yes No

How many times have you moved in the last 5 years? _____

Please tell us about all the animals in the past 10 years you've owned:

| Dog/Cat | Age | Breed | M/F? | Altered? | How long owned? | Still Own? | If no, Why? |
|---------|-----|-------|---|---|-----------------|------------|-------------|
| | | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| | | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| | | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| | | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| | | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |

- Number of cats owned as a Child _____ Adult _____
- All cats making the transition from a shelter to a new home need time to adjust to a new family and other pets (even as long as 6 months) and may require housetraining and behavior training. Are you willing to provide any needed training? Yes No Are you experienced in resolving issues? Yes No
- Are you willing to care for this cat for its entire life which may be 20+ years? Yes No Maybe
- Who will take primary responsibility for the cat i.e. takes to the vet; provide food/water, etc.? _____
- Will you be able to take this cat to the vet within 30 days? Yes No
- Where will you keep this cat? (Check ALL that apply) Inside Cat Outside Cat Inside/Outside Cat Other (Please explain) _____ Where will the cat be kept during the day? _____ At night? _____
- Roughly how many hours will the cat be in the home alone? _____
- Will this cat ever be allowed outdoors? Yes No If yes, under what conditions and why? _____

9. Are you planning on declawing this cat? Yes No If yes, why? _____

10. Have you ever had a pet: Run away Get hit by a car Die in your care (other than of old age) Kept as an outdoor pet If so, please explain: _____

11. Have you ever: Given/sold an animal to other person? Given an animal to a rescue or other animal welfare society (please list the organization(s)? _____
If so, why? _____

12. How much do you think you'll spend yearly for the care of the cat? (Food, medical care, boarding, toys, etc)
Less than \$100 \$100-\$500 \$500-\$1000 More

13. Are you willing and able to pay for emergency treatment which maybe \$200-\$1000 or more? Yes No

14. Will your cat be in the presence of children frequently? Yes No What ages? _____

15. How would you describe the activity level of your home? Low Moderate High

16. Cats love to nap, but they also need daily exercise, how would you provide this?

17. What are some reasons you would relinquish this cat back to the Shelter e.g. human aggression, animal aggression, incurable elimination problems, excessive chewing, separation anxiety, moving, having a baby, cannot afford any longer?: _____

18. How would you handle furniture scratching? _____

19. How would you handle house soiling? _____

20. Are you anticipating any major changes in your lifestyle in the next six months? (i.e. new baby, moving, new career, new roommate or spouse) _____

21. For what potential problems do you feel unprepared? (Please check all that apply)

House soiling

Not good with children

Furniture scratching

Not good with other animals

Excessive Vocalization

Medical Issues

Grooming needs

Other: _____

19. Does anyone in your house have any known allergies to animals or asthma, Yes No If yes, to what?

Is there anything else you'd like to discuss about adopting this cat? Yes No If yes, please explain what?

Adopting a cat is a serious responsibility. A cat you adopt today will likely be part of your family for the next 10 to 20 years. A cat makes considerable demands on your time and resources. As a cat owner, you will need to spend time socializing, grooming, feeding, scooping poop, exercising and playing with your cat on a daily basis. Cats that have not been trained require even more time and socialization. All cats require regular medical care. Some cats require special food or medications. Some cats require regular professional grooming. Vet bills, pet sitting, and vacation boarding fees may add considerable expense to your family budget. Are you prepared to accept the personal and financial needs of owning a cat and accept that Longview Animal Care & Adoption Center makes no guarantees as to the health or temperament of this cat? Yes No

Applicant's signature

Date

Staff name: _____

Landlord Approval Yes No Pending