

# Cat Cause Foundation Adoption Application

[www.catcause.com](http://www.catcause.com)

Fax Completed Applications to 714-965-2325

Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone # \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email \_\_\_\_\_ Work Phone # \_\_\_\_\_

Name of Spouse/Significant Other or Emergency Contact and Phone \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer \_\_\_\_\_ Years There \_\_\_\_\_

**Who will be responsible for the cat's care?** (feeding, litterbox, taking to vet) \_\_\_\_\_

**Age of primary caregiver of cat** \_\_\_\_\_

**Name of Desired Cat/Kitten** \_\_\_\_\_ **Second Choice** \_\_\_\_\_

**Breed/Type** \_\_\_\_\_ Male  Female  No Preference  **Desired Age** \_\_\_\_\_

**Energy Level Preference:** Low (lap cat)  Medium  High (very playful)

**Reason for Adopting:** Family Companion  Companion for Pet  For Child  Gift  Mouser

**Experience w/Pets:** First time pet owner  Had pets growing up  Have had a couple  Have had many

**Do you live in a:** House  Apt  Condo  Mobile Home  Military  Live w/parents  Other

**How long there:** \_\_\_\_\_ **Do you:** Own  Rent

**If you rent, do you have permission from your landlord to have a pet?** Yes  No

**Landlord Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**List any additional people in the household and ages:** \_\_\_\_\_

**Would you allow a home inspection by our personnel?** Yes  No

**Is anyone in your home allergic to animals?** Yes  No  Don't Know

**Do or have you owned any cats?** Yes  No  **Have they been Felv/Fiv tested?** Yes  No

**Are or were they Declawed?** Yes  No  **Will your new cat be Declawed:** Yes  No

**Does or did your cat go outside?** Yes  No  On Harness  In own yard

**Will your new cat be allowed on/in:** Patio  Garage  Balcony  **Do you have a doggy door:** Yes  No

**Where will the new cat be kept:** Indoor/Outdoor  Indoor Only  Outdoor Only

**Cats and kittens are known to chew/claw furniture, carpets and drapes and dig in potted plants, etc.**

**How will you deal with this problem?** \_\_\_\_\_

**Children may be scratched or bitten by a pet (especially playful kittens). If so, how will you handle it?**

\_\_\_\_\_

On the first night home, where will the cat stay? \_\_\_\_\_  
 How soon after the cat arrives will it be left alone? \_\_\_\_\_  
 How many hours a day will the cat be left alone? \_\_\_\_\_  
 How often do you travel/vacation? \_\_\_\_\_  
 Who will care for your cat when gone: Friend/Relative[ ] House Sitter[ ] Kennel[ ] Other [ ] \_\_\_\_\_  
 What would happen to the cat if you were to move? \_\_\_\_\_

In what situation would you consider giving up this cat? Divorce[ ] Move[ ] New Baby[ ] Re-Marry[ ]  
 Bites/Scratch[ ] Litterbox Problems[ ] Other[ ] \_\_\_\_\_

Name of current/past Veterinarians used: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Animals treated: \_\_\_\_\_

Are you aware that cats need regular vaccinations & require routine veterinary care? Yes [ ] No [ ]

Are you willing and financially able to provide veterinary care if the cat becomes sick or injured?

Yes [ ] No [ ]

What would you do if your cat required expensive veterinary care? \_\_\_\_\_

The life span of a cat may be up to 20 years. Are you prepared to care for this cat for its natural life?

Yes [ ] No [ ]

Do you have someone who will care for the cat if you are unable to? Yes [ ] No [ ]

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Current Pets –**

Name & Type of Pet	Age	M/F	Indoor or Outdoor	How Long Owned	Temperment

**Past Pets –**

Name & Type of Pet	Age	M/F	Indoor or Outdoor	How Long Owned	Status	If Deceased, Cause & Date

As evidence by my signature below, I attest that the answers that I have given in this document are true and factual to the best of my knowledge and that I have not misrepresented myself in any way. I understand that the completion of this application does not guarantee me the adoption of a Cat Cause Foundation cat and that the Cat Cause Foundation has the right to decline my application for adoption for any reason.

\_\_\_\_\_  
 Applicant Signature /Date

\_\_\_\_\_  
 Co-Applicant Signature /Date

**If you are not contacted within five (5) days of submitting your application it means that it was NOT approved.**