

# Santa Paula Animal Rescue Center

## Cat Adoption Application

*In order to be considered for an adoption you must:*

- **Be at least 18 years of age and be financially stable.**
- **Have photo identification with your current home address.**
- **Be able to produce documentation showing that you can have a cat where you live.**

**PLEASE PRINT CLEARLY**

Name of cat(s) interested in: \_\_\_\_\_

Applicant Name(s): \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_

Name of spouse, significant other or roommate: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

- Cat will be (circle): Outdoor only / Mostly Outdoor / Mostly Indoor / Indoor Only
- Why would you like to adopt this cat? Companion for myself: \_\_\_\_\_ For spouse: \_\_\_\_\_  
Kids want it: \_\_\_\_\_ Other pet is lonely: \_\_\_\_\_ Rodent problem, need a mouser: \_\_\_\_\_  
A gift for someone: \_\_\_\_\_ **Who is the gift for?** \_\_\_\_\_
- Do you rent \_\_\_\_\_ or own \_\_\_\_\_ House / Condo / Mobile Home / Apartment? **How long?** \_\_\_\_\_
- Do you have permission from landlord, association or other family members to have a pet? \_\_\_\_\_
- How many people live in your household? \_\_\_\_\_ If children, what are their ages? \_\_\_\_\_
- Have you or any member of your household ever experienced allergies or asthma? \_\_\_\_\_
- Do you have a balcony? \_\_\_\_\_ Pet Door? \_\_\_\_\_ Unscreened Windows? \_\_\_\_\_  
**Will the cat be allowed on the balcony?** \_\_\_\_\_ Will the cat be allowed in the entire house or  
only in part of the house? \_\_\_\_\_ **Which part?** \_\_\_\_\_
- Do you have coyotes in your neighborhood? \_\_\_\_\_ Other predators? \_\_\_\_\_
- Do you object to our organization doing a home check before placing the cat(s) with you? \_\_\_\_\_
- Have you ever had a cat before? \_\_\_\_\_ What happened to the cat(s)? \_\_\_\_\_

\_\_\_\_\_ Do you have other cats now? \_\_\_\_\_ How many? \_\_\_\_\_

- Do you have a dog(s)? \_\_\_\_\_ How many? \_\_\_\_\_ Breed: \_\_\_\_\_  
Indoor: \_\_\_\_\_ or outdoor: \_\_\_\_\_ Will the dog(s) interact with the cat(s)? \_\_\_\_\_
- Do you keep collars and ID tags on your pets at all times? \_\_\_\_\_
- Where do your pets sleep? \_\_\_\_\_
- Have your pets had any serious illnesses? \_\_\_\_\_ Please list: \_\_\_\_\_
- Do you have a vet? \_\_\_\_\_ Who? \_\_\_\_\_
- Are you considering having the cat surgically declawed, whether traditionally or by laser? \_\_\_\_\_
- What will you do if future medical treatment for the cat is over \$100? \_\_\_\_\_
- Are your other pets spayed / neutered? \_\_\_\_\_ Are they up to date with vaccinations? \_\_\_\_\_
- What will you do with the cat: \* When you go on vacation? \_\_\_\_\_  
\* If it becomes destructive in the house? \_\_\_\_\_ \* If something happens to you  
where you will no longer be able to care for the cat? \_\_\_\_\_  
\* If you must move to a place that doesn't allow pets? \_\_\_\_\_
- How much time will you be spending at home with your cat? \_\_\_\_\_ Who will be  
responsible for the daily care and maintenance of your cat? \_\_\_\_\_
- Under what circumstances would you **NOT** keep the cat? **MARK ALL THAT APPLY**  
Moving: \_\_\_\_\_ Family illness or death: \_\_\_\_\_ New baby: \_\_\_\_\_ Divorce: \_\_\_\_\_  
Does not get along with other pets: \_\_\_\_\_ Has Fleas: \_\_\_\_\_ Other: \_\_\_\_\_  
\* \* \*

I am aware that the potential commitment of time, patience and expense needed for a cat can span 20 years or more. I understand that cats need affection, attention and understanding and that they can get sick and require expensive medical treatment. I understand that I may need to adjust my lifestyle to accommodate my new pet. **I am ready to make that commitment.** (*Initial here*) \_\_\_\_\_

**I have read the above and answered the questions to the best of my knowledge.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

===== **Internal Use Only** =====

**Accepted:** \_\_\_\_\_ **Denied:** \_\_\_\_\_ **Reason for Denial:** \_\_\_\_\_

**SPARC Representative Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_