



# CAT ADOPTION APPLICATION

Completion of this application does not guarantee placement of an animal with the applicant. CVHS animals are assessed for placement with the home that best fits the animal's needs.

**NAME** (First, Middle, Last): \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS** (Physical): \_\_\_\_\_ **STATE:** \_\_\_\_\_

**TOWN:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**HOME PHONE#:** \_\_\_\_\_ **CELL PHONE #:** \_\_\_\_\_

**MAILING ADDRESS** (If different): \_\_\_\_\_

**SPOUSE/PARTNER(S) NAME:** \_\_\_\_\_

## MY CURRENT LIVING ARRANGEMENTS ARE:

- \_\_\_\_\_ I own my own home: House, Condo, Duplex, Mobile/land, Mobile in Park
- \_\_\_\_\_ Live with home owner: Do they know you are getting a pet? Yes \_\_\_\_\_ No \_\_\_\_\_
- \_\_\_\_\_ Rent: Apartment, House, Condo, Duplex, Mobile Home, Dorm  
Name of Landlord and Phone #: \_\_\_\_\_

## PLEASE LIST ALL THE PETS YOU CURRENTLY OWN OR HAVE OWNED IN THE LAST FIVE YEARS:

Name	Breed/Type	Age	Sex	Spay/Neuter Status	Still Own ?	Kept Where?	If no, What Happened to this pet?

**Name of your current or previous Veterinarian or Clinic:** \_\_\_\_\_

**Does anyone in your family have allergies to animals?** \_\_\_\_\_

**Have you ever brought an animal(s) to an animal shelter:** Yes \_\_\_\_\_ No \_\_\_\_\_ Why? \_\_\_\_\_

**U.S. Military Status:** Active \_\_\_\_\_ Discharged \_\_\_\_\_ Retired \_\_\_\_\_

**Are you looking for an Indoor only, Indoor/Outdoor, Mouser or Barn Cat?** \_\_\_\_\_

**Do you plan on declawing your cat?** Yes \_\_\_\_\_ No \_\_\_\_\_

**How many children in the home?** \_\_\_\_\_ **Their ages:** \_\_\_\_\_

I am 21 years of age. I certify that the information given is true. I authorize CVHS to contact veterinarian(s) and landlord(s) to investigate all statements in this application and to do follow-up property checks. I have read and understand the CVHS Adoption process:

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

**Follow up by CVHS only:**

<p><b>CVHS USE ONLY:</b>  Date: _____ ID: _____  Adoption Counselor: _____  Landlord Approval: _____  Vet Records Check: _____  Approved Date: _____  DNP: Not on DNP _____ on DNP _____</p>
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