



Adoption Application (Cat)

Sherri Conners/Owner

Email- adopt@4paws4rescue.com

Website- www.4paws4rescue.com

314-420-7930

Name of cat you are interested in _____

CONTACT INFO:

Name _____

Address _____

Home # _____ Cell # _____

Email address _____

TELL US ABOUT YOURSELF:

OCCUPATION: _____

EMPLOYER: _____

WORK PHONE: _____

Is this your first cat? _____

Do you have any children? _____

If so, ages? _____

Is adopting a FAMILY decision? _____

Does anyone in the household have allergies? Be specific.

What is your household activity level? Low Moderate Active Very Active

Who will be the primary caretaker of the cat? _____

LIVING ARRANGEMENTS:

Your Housing: Own Rent Live w/parents

Type: House Condo Apartment Mobile Home

Is the residence listed above where your new pet will be living? _____

Landlord Name: _____

Number: _____

Is your Landlord informed that you may be adopting a cat? _____

Will the cat be: Indoors Outdoors Indoor/Outdoors Cat Door

Are you aware of the fact that if your pet is on another's property, they have the legal right to trap your pet?

Where will your cat sleep? Ex., In the house, in the garage, etc.

Who will be responsible for providing meals on a regular basis? _____

How do you plan to transport your pet in a vehicle? _____

Would you agree to your property being checked to ensure it is secure for a pet?

TRAINING:

How will you litter box train your cat (if not already trained)? _____

What will you do if your cat develops behavior problems? _____

Scratching furniture or drapes? _____

- Will you provide your cat with a scratching post? _____

Aggression? _____

Spraying? _____

Not using litter box? _____

CAT SPECIFICATIONS:

Have you ever owned a cat before? _____

What happened to the cat? Deceased Lost Gave away Other

If you must re-locate, what will you do with your pet? _____

Who will take care of your pet while you are on vacation? _____

CURRENT VET:

Vet name/Clinic name: _____

Address: _____

Phone #: _____

May we contact your veterinarian for a reference? _____

If you do not have a veterinarian yet, please list the name and number of the intended veterinarian. _____

CURRENT PETS:

BREED: _____

SEX: _____

AGE: _____

CURRENT VACCINES/FIXED: _____

Have you ever adopted from a rescue group or shelter before? _____

Which one? _____

Have you ever surrendered an animal before? _____

If so, why? _____

PAST PETS:

BREED: _____

SEX: _____

AGE: _____

Please explain why you no longer have them: _____

Signature of adopter _____

Signature of 4 Paws representative _____