# Adoption Application

## Please download, fill out, SAVE, and email to mewowcafe@gmail.com



Are you applying for a specific cat/kitten?	Your Name
If yes, please note name or description	
	Your Phone #
If no, Color/Breed:	
Age of cat you would be interested in: Kitten (Under 1 yr) Adult (1 yr+)	Senior(10+)
Sex: Male Female Doesn't matter	
Will your cat be: Indoor Only Outdoor Only Both	
Cat who gets along with: Other cats Dogs Toddlers Children	
What qualities are you looking for: Lap Cat Loving Active Independe Shy/Quiet Gentle Mouser Special Needs Other	nt Playful

Do you plan on declawing: Yes No Undecided

For whom are you adopting this pet?
Who will be the primary caregiver?
On average, how many hours will the new cat be left alone?
What provisions will be made for he or she during that time?
If you move, what will happen to your cat?

When on vacation or an extended trip, what do you plan for your cat's care

How much time are you willing to give your new cat to adjust to his/her new home?

Some of our foster cats have formed a very strong emotional attachment to another foster cat usually resulting from a trauma or stressful event in their life. It is what we refer to as "bonded pairs." If the cat you are interested in is part of a bonded pair, would you be open to the idea of learning about their relationship and possibly adopting both in order to keep them together?

References

	IVE	erences	
Personal 1		Personal 2	
Name:		Name:	
Phone#:		Phone#:	
Relationship:		Relationship:	
<u>Veterinary</u>			
Clinic/Vet Name	Name on R	Records:	Phone #:
references as well as my landlord i medical information to them. I cert	f applicable. ify that all the information	I am also giving my ve e information on this f may result in the refus	o contact my personal and veterinarian eterinarian permission to release any form is true and correct. I understand sal of adopting privileges or removal of
	g and veterin understand th	ary care for the term on at this can involve ex	•
Signature:		Da <sup>-</sup>	te:
Contact Information			
Name:		Ag	e:
Spouse/Roommate:		Ag	e:
Children:			
Boy/Girl	Age:	Boy/Girl:	Age:
Boy/Girl	Age:	Boy/Girl:	Age:
Boy/Girl	Age:	Boy/Girl:	Age:
Address:			
Do you own or rent?  Does your lease allow for pets?	If re	nt, name and phone #	of landlord:
Home Phone #:	Cell	or Business Phone#:	

E-Mail:

#### **Current Pets**

#### Cats

Name:	Sex:	Age:	Is he/she spayed or neutered?	Declawed?
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To your knowledge, have your current cat(s) been tested for FeLV & FIV?

## Dogs

Name:	Sex:	Age:	Is he/she spayed or neutered?
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Name:	Sex:	Age:	Is he/she spayed or neutered?
Name:	Sex:	Age:	Is he/she spayed or neutered?

To your knowledge, are all your animals current on their vaccinations?

## **Previously Owned Pets**

Name:	Type:	Age:	What happened to pet if no longer owned?

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Have you ever given away or returned a pet for any reason? If yes, why and to whom?

Are your current animals allowed on furniture, counters etc? If not, how do you prevent this behavior?