



# The Hundred Cat Foundation Adoption Application

Please Print Clearly

Cats Name/ID: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

**EMPLOYMENT:** Company Name: \_\_\_\_\_ Full Time: \_\_\_\_ Part Time: \_\_\_\_

Company Phone: \_\_\_\_\_

Are you a student? Yes \_\_\_\_ No: \_\_\_\_ If Yes, your age: \_\_\_\_ Year in School: \_\_\_\_\_

**HOUSING:** Do you live in a House \_\_\_\_ Townhouse \_\_\_\_ Apartment \_\_\_\_ Farm \_\_\_\_ Trailer \_\_\_\_

Do you own this dwelling? Yes \_\_\_\_ No \_\_\_\_

If you rent, Landlord's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you have your landlord's permission to have a pet? Yes \_\_\_\_ No \_\_\_\_

How many people live in your home? Adults \_\_\_\_ Children \_\_\_\_ Ages of Children \_\_\_\_\_

Do you have Grandchildren that visit often? Yes \_\_\_\_ No \_\_\_\_

Does anyone in your housing unit have asthma or allergies to animals? Yes \_\_\_\_ No \_\_\_\_

**PETS:** Do you have experience caring for a cat or kitten? Yes \_\_\_\_ No \_\_\_\_

- If Yes, explain: \_\_\_\_\_

Do you have any pets now? Yes \_\_\_\_ No \_\_\_\_

- If Yes, list type, sex and age of your pet: \_\_\_\_\_

List any other pets you've owned in the last 10 years and what happened to them: \_\_\_\_\_

Are/were you pets spayed or neutered? Yes \_\_\_\_ No \_\_\_\_

- If no, please explain why: \_\_\_\_\_

Are/were your pets regularly examined by a vet? Yes \_\_\_\_ No \_\_\_\_

If Yes, name and phone # of veterinarian: \_\_\_\_\_

Name of person the vet records are under: \_\_\_\_\_

**Responsibilities:** Where will the cat spend the day? Indoors \_\_\_\_ Indoors/Outdoors \_\_\_\_ Outdoors \_\_\_\_

Where will the cat spend the night? Indoors \_\_\_\_ Indoors/Outdoors \_\_\_\_ Outdoors \_\_\_\_

Do you plan to declaw this cat? Yes \_\_\_\_ No \_\_\_\_

Are their any behaviors that would cause you to return this cat? Yes \_\_\_\_ No \_\_\_\_

- If yes, explain: \_\_\_\_\_

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