

Pantry Four Paws Adoption Application

Name of Applicant: _____ **Adoption Application For:** _____

Address: _____ **City:** _____ **Postal:** _____

Home Phone Number: _____ **Cell Phone** _____

Email Address: _____

- 1) Why do you want a cat? _____
- 2) Are you interested in an indoor cat, indoor/outdoor cat, outdoor only cat? Please circle One
- 3) Are you planning on declawing your cat(s)? Y or N
- 4) Do you presently live in a house, condo, or apartment? If you live in an apartment,
 - a) Does your apartment have a balcony? Yes or no?
 - b) Is the balcony enclosed from top to bottom? Yes or no?
 - c) If the balcony is enclosed only partially, are you interested in enclosing it entirely? (The cost of enclosing an average balcony is approximately \$100) Yes or no?
- 5) Do you have children living in your home? Yes or no?
 - a) How many children live in your home? _____
 - b) What are the ages of your children? _____
- 6) Do all the adults currently living in your home agree with the adoption of this pet: Y or N How many adults live in your home _____
- 7) Is an adult home during the day? Y or N If no how long would the kitten or cat be left alone? _____
- 8) If you have had a pet before, please answer these questions:
 - a. What type of pet was it? (If you currently have a dog, please list)

 - b. How long did you have the pet? _____
 - c. What happened to the pet? _____
 - d. If your pet died, please list age at time of death, and cause of death?

 - e. How long has it been since you have you have had a pet?

- 9) If you or your roommates currently have a pet or pets, please describe their personality

- 10) If you have or had a cat, what cat food (brand name) did you or are you giving your pet? Are you willing to switch brands?

- 11) Do you have a friend or relative who would look after your pet/pets when you have to be away from home? Y or N
- 112) If anyone in your house suffers from cat allergies, answer the following questions:
 - a) How are you going to live with a cat?

 - b) What if the allergies get worse?

- 13) What would happen if anyone in your household were to develop a cat allergy?

- 14) Do you think you will have sufficient income to meet the occasional extraordinary costs of caring for your pet? Y or N

- 15) Please provide the following information regarding your veterinarian:
Name: _____ Address: _____
Tel. No.: _____ Name of pet that visited above vet _____
Permission to contact vet Y or N _____ Signature of applicant: _____