

### **Adoption Application**

| Application Type *                                |
|---|
| Cat Match   |
| I have found the perfect cat match!               |
| I am still deciding on my new best feline friend. |
| Name of Cat *                                     |
| A-Number/ID *                                     |
| Where did you find the cat? *                     |
| About you   |
| Full Name *                                       |
| First Name Last Name                              |
| E-mail *  |
| example@example.com                               |

| Main Phone Number *                    |
|--|
| Area Code Phone Number                 |
| Cell/Alternate Phone                   |
| Area Code Phone Number                 |
| Address *                              |
| Mailing Address incl. apartment number |
| City State / Province                  |
| Postal / Zip Code                      |
| Type of Residence *                    |
| House                                  |
| Apartment                              |
| Rent/Own *                             |
| Rent                                   |
| Own                                    |
| Live with family                       |
|  |

Your Age \*

### Are pets allowed? \*

Yes

No

| # of Bedrooms *  |
|--|
| # of Bathrooms *   |
| Are you able to isolate a cat in a separate room? *  |
| yes  |
| no   |
| How did you hear about Anjellicle Cats Rescue?   |
|  |
| Household  |
| How many people reside in your household? *  |
| If more than 1, you will be asked to enter Name, Age and Relationship for each <b>additional</b> household member. |
| Person 1, Name, Age, Relationship  |
| Person 2, 3, etc.: Name, Age , Relationship  |
|  |

| Is anyone residing in your household allergic to cats? * |
|--|
| Yes  |
| No   |
| Do you have window screens? *                            |
| Yes  |
| No   |
| Do you have a smoke detector? *                          |
| Yes  |
| No   |
| Do you have a deck, terrace or balcony? *                |
| Will you keep the cat indoors or outdoors? *             |
| How will you prevent furniture scratching? *             |
| Will you declaw the cat? *                               |
| No   |
| Yes  |
| Maybe  |
| Have you ever declawed before? *                         |
| No   |

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|    |    |

Cat was already declawed by someone else

# **Employment**

Occupation/Title \*

#### Retired?

Yes

Employer Name \*

#### Employer Address \*

Street Address

City

State / Province

Postal / Zip Code

## **Pet History**

Do you have temporary animals in your household from other rescue organizations? \*

| had pets before? *    |  |   |  |
|-----------------------|--|---|--|
|                       |  |   |  |
|                       |  |   |  |
|                       |  |   |  |
|                       |  |   |  |
| rrently have pets? *  |  |   |  |
|                       |  |   |  |
|                       |  |   |  |
|                       |  |   |  |
|                       |  |   |  |
| d age of pet          |  |   |  |
| f your current pets * |  |   |  |
| cinated               |  |   |  |
| ayed/ Neutered        |  |   |  |
| /Neutered             |  |   |  |
| ate on vaccination    |  |   |  |
|                       |  |   |  |
|                       | rrently have pets? *  If age of pet  If your current pets *  cinated  yed/ Neutered  /Neutered | rrently have pets? *  If age of pet  If your current pets *  cinated  byed/ Neutered  /Neutered | rrently have pets? *  If age of pet  If your current pets *  cinated  byed/ Neutered  //Neutered |

### What do you feed your pets? \*

List brand names and types, i.e. Wellness wet canned food, Nutro dry food, etc.

In case of an emergency, is there a contingency plan in place for your current and/ or future pets? Please explain.  $\star$ 

#### Vet reference

| If you do not currently have a vet, please enter a former vet. |
|--|
| Phone *  |
| Clinic *   |
| Dr. Name *   |
| Current or Former?   |
| Current  |
| Former   |
| Business Reference   |

References from various sources are essential to your application approval. The #1 delay in application processing is due to delays in getting responses from references. With that in mind, choose individuals that can easily be contacted via email or phone. If you do not have a business reference, please enter a second personal reference.

| <b>Business Ref</b> | Name *    |
|---------------------|-----------|
| First Name          | Last Name |
| Phone Number        | er *      |

Area Code Phone Number

#### E-mail

# **Personal Reference**

| Personal Ref Name | nalRef Name * |
|-------------------|---------------|
|-------------------|---------------|

First Name Last Name

Phone Number \*

Area Code Phone Number

E-mail

example@example.com

# Thank you!

Please press the submit button below to finish!