



CAT ADOPTION APPLICATION

Completion of this application does not guarantee placement of an animal with the applicant. CVHS animals are assessed for placement with the home that best fits the animal's needs.

NAME (First, Middle, Last): _____ DATE OF BIRTH: _____

ADDRESS (Physical): _____ STATE: _____

TOWN: _____ ZIP CODE: _____ EMAIL ADDRESS: _____

HOME PHONE#: _____ CELL PHONE #: _____

MAILING ADDRESS (If different): _____

SPOUSE/PARTNER(S) NAME: _____

MY CURRENT LIVING ARRANGEMENTS ARE:

- _____ I own my own home: House, Condo, Duplex, Mobile/land, Mobile in Park
- _____ Live with home owner: Do they know you are getting a pet? Yes _____ No _____
- _____ Rent: Apartment, House, Condo, Duplex, Mobile Home, Dorm
Name of Landlord and Phone #: _____

PLEASE LIST ALL THE PETS YOU CURRENTLY OWN OR HAVE OWNED IN THE LAST FIVE YEARS:

Name	Breed/Type	Age	Sex	Spay/Neuter Status	Still Own ?	Kept Where?	If no, What Happened to this pet?

Name of your current or previous Veterinarian or Clinic: _____

Does anyone in your family have allergies to animals? _____

Have you ever brought an animal(s) to an animal shelter: Yes _____ No _____ Why? _____

U.S. Military Status: Active _____ Discharged _____ Retired _____

Are you looking for an Indoor only, Indoor/Outdoor, Mouser or Barn Cat? _____

Do you plan on declawing your cat? Yes _____ No _____

How many children in the home? _____ Their ages: _____

I am 21 years of age. I certify that the information given is true. I authorize CVHS to contact veterinarian(s) and landlord(s) to investigate all statements in this application and to do follow-up property checks. I have read and understand the CVHS Adoption process:

Signature: _____ Date: _____

Follow up by CVHS only:

CVHS USE ONLY:
Date: _____ ID: _____
Adoption Counselor: _____
Landlord Approval: _____
Vet Records Check: _____
Approved Date: _____
DNP: Not on DNP _____ on DNP _____