



# Cat Adoption Application

## Adoption fee \$100 Cat; \$125 Kitten (discounts may apply)

*Note: Applications routinely take 24 to 48 hours to process*

Date \_\_\_\_\_

**TO BE CONSIDERED FOR ADOPTION YOU MUST:**

- 1) be 21 years of age
- 2) have the knowledge and consent of all adults in your household
- 3) have verifiable identification
- 4) have landlord's consent to keep an animal on the property (if applicable)
- 5) understand the Sonsini Animal Shelter has the right to deny your application

**Name of cat/kitten**

Landlord	Vet	Personal	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved	Denied		
<input type="checkbox"/>	<input type="checkbox"/>		
Signed _____		Date _____	

Applicants full name \_\_\_\_\_ I am over 21 years of age: Yes \_\_\_ No \_\_\_

Full home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone (if OK to call) \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_ Do you: own \_\_\_ rent \_\_\_

Landlords name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Does your landlord or trailer park/condo association allow cats? Yes \_\_\_ No \_\_\_ N/A \_\_\_

**Home Situation**

Why do you want to adopt a cat? \_\_\_\_\_

How many people live in the household? \_\_\_\_\_ Adults \_\_\_\_\_ Children What are the ages of the children? \_\_\_\_\_

Is yours a busy household? Yes \_\_\_ No \_\_\_

Do you plan to let your cat venture outdoors? Yes \_\_\_ No \_\_\_ If yes under what conditions? \_\_\_\_\_

Are you considering de-clawing this cat? Yes \_\_\_ No \_\_\_ If yes, why? \_\_\_\_\_

Are there other dogs/cats in the home? Yes \_\_\_ No \_\_\_ Have these pets lived with a cat/kitten? Yes \_\_\_ No \_\_\_

Where will the animal be when home alone: \_\_\_\_\_ at night? \_\_\_\_\_

The minimum cost of cat ownership is estimated to be over \$500 per year. Have you considered, and are able to assume, the financial responsibility of veterinary care and providing ongoing food/shelter/training for this animal? Yes \_\_\_ No \_\_\_

Do you have any questions regarding these costs?

### Pet History

Will this be your first experience caring for a cat? Yes \_\_\_ No \_\_\_

Have you ever given away a pet or brought one to a shelter? Yes \_\_\_ No \_\_\_

Under what circumstances might you do so? \_\_\_\_\_

**Please list any animals you now own or that reside at your address: (please include former pets, within the past 5 years, that may no longer be with you.)**

Animal's Name	Cat or Dog & Breed	Spayed/ Neutered	Owned how long?	Still with You?	Why Not?

### References

What is the name of your Veterinarian? \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ Particular veterinarian? \_\_\_\_\_

If the pet is not listed under your name, please provide name on record \_\_\_\_\_

**Please provide the names of two people that we may contact as a personal reference. These references should not reside with you. Only one of your references may be a family member.**

Name \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Please use the space below to list other information you think might be helpful, such as prior pet ownership, or other factors which you believe we should consider when reviewing your application.

**Please note: It may take your new pet two weeks or longer to adjust to a new home, especially if other pets are involved. Rabies vaccinations are mandatory. Please familiarize yourself with other pet responsibility laws in your area.**

I/we do hereby acknowledge that any false or knowingly omitted statements on this form may constitute rejection of this application (note: I understand that my name will be placed on several "DO NOT ADOPT TO" lists that are shared with other Animal Shelters and Rescue Organizations). I give my veterinarian permission to release any vet care records and information about my current and past pets to the Eleanor Sonsini Animal Shelter. I also give the Eleanor Sonsini Animal Shelter permission to maintain contact with me by a home visit and/or telephone calls and emails. I understand that this application is the property of the Eleanor Sonsini Animal Shelter and that they have the right to deny my request to adopt.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date