

**Rescue Kitty™**

Sewell, NJ

Email: [laura@rescuekitty.org](mailto:laura@rescuekitty.org)

Ph: 609.472.0408

ADOPTION APPLICATION

Name(s): \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. Name of cat(s) you are applying for: \_\_\_\_\_

2. Description of the cat you are applying for (or looking for): \_\_\_\_\_

3. Do you want this cat for: COMPANION \_\_\_\_\_ GIFT \_\_\_\_\_ OTHER \_\_\_\_\_

4. This cat will be without human companionship for about \_\_\_\_\_ hours per day, \_\_\_\_\_ days per week.

5. Where will your cat be kept during the day? (circle all that apply)

INDOORS..... OUTDOORS..... BASEMENT..... GARAGE..... OTHER \_\_\_\_\_

During the night?

INDOORS..... OUTDOORS..... BASEMENT..... GARAGE..... OTHER \_\_\_\_\_

6. Do you prefer a declawed cat? YES \_\_\_\_\_ NO \_\_\_\_\_ Do you smoke? YES \_\_\_\_\_ NO \_\_\_\_\_ Indoors? \_\_\_\_\_

7. Where do you live? HOUSE \_\_\_\_\_ APARTMENT \_\_\_\_\_ TOWNHOUSE \_\_\_\_\_ OTHER \_\_\_\_\_

I RENT \_\_\_\_\_ I OWN \_\_\_\_\_ WITH MY PARENTS

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

8. Does your landlord allow cats? \_\_\_\_\_ YES NO DON'T KNOW Deposit required? \_\_\_\_\_

Monthly rental increase? \_\_\_\_\_

9. Please provide the following information about your household:

Number of adults: \_\_\_\_\_ Ages: \_\_\_\_\_

Number of children: \_\_\_\_\_ Ages: \_\_\_\_\_

10. Is anyone in your family allergic to cats? \_\_\_\_\_

11. What will you do with your cat(s) if you move in the future:

\_\_\_\_\_

12. How much do you anticipate spending yearly to feed, vaccinate, license and provide medical care?

\_\_\_\_\_

13. Would you be willing to allow us to visit your home before the adoption is completed? \_\_\_\_\_

14. Have you ever given a pet up? Why? \_\_\_\_\_

15. What type(s) of pets do you own or have owned in the last 10 years?

Who is (was) your veterinarian for the above animals? PLEASE CONTACT YOUR VET AND GIVE PERMISSION FOR THEM TO SPEAK WITH Rescue Kitty™

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

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

17. Who is the veterinarian that you plan to use for your new cat?

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

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

18. Please provide a personal reference:

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

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

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

19. Do you realize that a cat may live 15 or more years? YES \_\_\_\_\_ NO \_\_\_\_\_

20. It may take your new cat two or more weeks to adjust to its new home, especially if other pets are involved. Are you prepared to allow this much time? YES \_\_\_\_\_ NO \_\_\_\_\_

21. When would you be ready to bring your new cat home if approved? \_\_\_\_\_

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing privilege of adopting a cat from Rescue Kitty™ I authorize investigation of all statements on this application.

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

\*\*\*Completed applications may be scanned & emailed to: [laura@rescuekitty.org](mailto:laura@rescuekitty.org)

\*\*\* STAFF USE Prior to adoption:

Vet Check Completed \_\_\_\_\_

Landlord Called \_\_\_\_\_

Home visit Completed: \_\_\_\_\_ (see home visit checklist)

After Adoption:

Within 2-3 weeks of adoption Adopter called/text for check-in \_\_\_\_\_

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

Date Cat went to vet for checkup? \_\_\_\_\_

Any questions/concerns addressed?

\_\_\_\_\_  
\_\_\_\_\_

Any follow-up needed? \_\_\_\_\_

Staff name printed: \_\_\_\_\_ Date: \_\_\_\_\_