

Camden Companions Animal Rescue

Feline Adoption Application

Cat Name(s): _____

Date: _____

Complete both pages of the application in full. Applicants must be 18 or older to adopt. The adoption manager will review your application and contact you within two business days.

About You:

First Name: _____ Last Name: _____

Driver's License: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ E-mail: _____

Occupation: _____ Employer: _____

About Your Spouse / Partner:

First Name: _____ Last Name: _____

Occupation: _____ Employer: _____

About Your Home:

Do you live in: House Apartment Mobile Home
 Condo Dorm Other _____

Do you: Own Rent Live with parents Other _____

Are cats permitted on your property: Yes No Unknown

If you rent, we must have your landlord's approval:

Landlord's Name: _____ Phone: _____

If you live with your parents, we must have their approval:

Parent Name: _____ Phone: _____

How long have you lived at your current address? _____

Previous address if less than 6 months: _____

Would you permit an onsite premises check? Yes No

Do to plan to move soon? Yes No Unknown

If you move, what will you do with your cat? _____

How many adults in the home? ____ How many children? ____ What are their ages? _____

Is everyone in the home in favor of the adoption? Yes No Unknown

Are your children used to cats? Yes No Unknown N/A

Are you aware of any cat allergies in your home? Yes No Unknown

FORM CONTINUES ON REVERSE SIDE

About Your Cat's Home:

Is this your first pet? Yes No

What are reasons for adopting a cat? (Check all that apply)

- Companion For children Want to save Cat for business premises
- Mouser Outside cat Farm cat
- Gift (for whom) _____ Other _____

Where will the cat spend its time? Indoors Outdoors Both

Will the cat be restricted to certain areas? Yes (explain) _____ No

Where will go when you are away (vacations, business trips)? _____

Do you plan on, or would you consider, having this cat declawed? Yes No

How many other pets are presently in your home? Dogs _____ Cats _____ Other _____

Names of other pets: _____

Are they all spayed / neutered? Yes No Some

Have you had any other pets in the past five years? Yes No

What happened to them?

- Put to sleep Sold Hit by car Lost
- Given away Died, Natural Died, Accidental Turned into shelter

If given away, died, turned in, or reason not listed, please explain: _____

Have you adopted from a shelter before? Yes No

If yes, what? _____ When? _____ What shelter? _____

Have you ever turned an animal into a shelter? Yes (Own animal) Yes (Stray) No

Is yes, why? _____ When? _____ What shelter? _____

References

Do you have a veterinarian? Yes No

Name: _____ Phone: _____

City: _____ State: _____

Personal references (maximum of one reference who is a relative):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Use this space for any additional comments you wish to make relating to this adoption:

By signing below you certify that the information provided is accurate and complete. You are also authorizing release/disclosure of information pertaining to this application, including but not limited to tenancy information and veterinary records.

Applicants Signature: _____

Date: _____