

CAT ADOPTION APPLICATION

Name:	Name of Cat:
Phone Number:	Date of Birth:
Email Address:	_
Physical Address, City, State, Zip Code:	
Mailing Address (if different from physical add	ress):
Do you own or rent?	Landlord's Number:
Do you have children?	Children's Ages:
Are you aware that you are responsible to sup	ervise interactions between pets and children?
Are you aware that you are responsible to tead and proper handling?	
Do you have other pets?	
Please list all pets you have had in the past fiv	e years (name, age, species, gender)
Pet 1	
Pet 2	
Pet 3	
Pet 4	
Pet 5	
Pet 6	

Are there pets you no longer have? Please explain. If deceased, please list cause of death.

Who provides your veterinary care?	
Veterinarian's phone number:	r current animals have received regular care.)
Where will your cat be kept during the d	day? In the evening?
Reason for adopting?	
How long will your cat be home alone e	ach day without human companionship?
Will your cat be allowed on the furniture	?
Please describe your ideal cat:	
Do you plan to have a litter box inside?	
Do you plan to let your cat outside?	
How will you introduce your new cat to o	other animals in your home?
What is your plan if your new cat and cu	urrent animals do not get along?
Where did you hear about us?	
misrepresentation of facts may result in understand that The Ark has the right to pet is not "first come, first serve," as The best possible fit. I authorize investigation	mation I have given is true, and I recognize that any my losing the privilege of adopting a pet. I deny my application. I understand that adopting a e Ark places animals in adoptive homes that are the on of all statements in this application. I understand ng period to verify the facts in this statement.
Applicant's Signature:	Date:
Ark Agent:	
	Reason for denial: