



# APPLICATION FOR CAT ADOPTION

Rock Cats Rescue  
P.O. Box 376  
Brooks, GA 30205  
773-549-3357

Applicant name: \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work phone \_\_\_\_\_ - \_\_\_\_\_

Home email \_\_\_\_\_

Work email \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation \_\_\_\_\_

1. What type of cat are you interested in? M or F Personality \_\_\_\_\_

2. Name of Cat you are interested in: \_\_\_\_\_ For whom are you adopting the cat? Self Other

3. How many people currently reside in your household? \_\_\_\_\_ # of Children in your household \_\_\_\_\_

4. Does any member of the family have any allergies to animals? Yes No

5. Who will be responsible for the cat's care? \_\_\_\_\_

6. Where do you live? Apartment Condo Farm Mobile Home Town home House

7. Do you own or rent your residence? Own Rent. Are companion animals allowed? Yes No Not sure

8. **If you rent, what is the name and phone number of your landlord?** \_\_\_\_\_

9. Where will the cat be kept? Indoors only Outdoors only Both in/out

10. If outdoors, will the cat be attended Unattended Collar & tags

11. Will anyone be home during the day? Yes No How many hours will the cat be left unattended? \_\_\_\_\_

12. When no one is home, where will the cat be kept? \_\_\_\_\_

13. If you move, what will you do with the cat? \_\_\_\_\_

14. How far from the home from the road/traffic? \_\_\_\_\_

15. Have you ever had a companion animal before? Yes No

16. Describe those companion animals you still care for or that are living in your household.

Name	Breed	Age	Neutered?	Kept where	Time in your care

17. Describe those companion animals you no longer care for.

Name	Breed	Age	Neutered	Kept where	Time in your care	Reason no longer with you

18. Are your companion animals current on their vaccinations? Yes No

19. **Name of your Vet Clinic** \_\_\_\_\_

20. **Veterinarian Name/telephone** \_\_\_\_\_

21. Are you financially able & willing to provide annual checkups, vaccinations and ANY medical care necessary? Yes No

22. Do you have a dog? Yes No Is he/she permitted to run loose? Yes No

23. What precautions would you take to properly introduce a new cat into your home if you have other animals (dog, bird, rabbit, another cat, etc.?) \_\_\_\_\_

24. What will you do if your new cat doesn't not get along with your present companion animals? \_\_\_\_\_

27. Are you planning on declawing? Yes No Not sure

28. Have you ever adopted an animal from a rescue/animal control agency? Yes No

29. Have you ever had an application rejected for adoption of an animal from a rescue/animal control facility? Yes No If yes, explain explain \_\_\_\_\_

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

31. If a disciplinary or behavior problem arises, what steps will you take to work on it? \_\_\_\_\_

32. Are you familiar with your local animal control laws? Yes No

33. Are you willing to sign legal adoption papers? Yes No

34. Do you agree to permit to a visit your home/farm by appointment? Yes No

Personal References (excluding family members)

Name	Relationship	Contact #1	Alternate Contact #

By signing this form, I/we acknowledge that all information on this form is true and correct. I/We understand that any misrepresentation of fact may result in a refusal of adoption privileges to me/us. If my/our request for adoption is approved and later Rock Cats Rescue discovers the above information is not true and correct, Rock Cats Rescue reserves the right to remove the adopted cat from my possession.

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