



Sunshine's Friends Cat Rescue and Sanctuary

Cat Adoption Application

Please complete all questions to the best of your ability. We want to ensure the best matches for our cats as well as for your family. Failing to answer questions may disqualify your application. Please complete electronically or scan and email to us.

Who are you interested in? _____

Your time frame for adoption: Immediate A few days Other: _____

Your name: _____ Date of Birth: _____

Past names / "Maiden" name: _____

Address: _____ #: _____

City, State & Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Email address: _____

Best way to reach you: Home Work Cell Email

Which best describes your home environment? Quiet Average Party house

Names and ages of other adults in your household:

Full Name	Age
_____	_____
_____	_____
_____	_____

Number of Children in household: _____ Ages of children: _____

Are you or your spouse active in the military? Yes No

→ If yes, is there *any* chance of deployment or relocation? Yes No

What is your work status? Employed full-time Employed part-time Self-employed
 Dependent on guardian or spouse Retired SSI/Disability
 Student Unemployed Other: _____

Employer's name and phone number: _____

→ If you are *not* currently employed, do you have a reliable source of income? Yes No

Explain: _____

Why do you want a cat?

(check all that apply)

- Family Cat
- Companion for me
- Breeding purposes
- For an adult member of my household
- For a child in my household
- Gift or Surprise for someone not in my household
- Mouser
- Playmate for current cat
- Playmate for other animal
- Other (Explain: _____)

Have you ever been personally responsible for a cat before? Yes No

Who will be the cat's primary caretaker? _____

Is any member of your household allergic to cats? Yes No Don't know

Do you live in an: Apartment House Condo Dorm Other

Do you: Rent Own Not owner or leaseholder

Are cats allowed where you live? Yes No Unknown

→ If you are not the leaseholder, please provide their name and number: _____

→ Landlord's name and phone number: _____

If you rent, are you charged a fee to have a cat? Yes No Unknown

How many times have you moved in the past 5 years? _____

What will happen to your cat if you move? _____

Please list all other cats or dogs currently living in household:

<u>Name</u>	<u>Species</u>	<u>Age</u>	<u>Spayed/Neutered? *</u>	<u>How long have you had them?</u>
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

*** If you have any cats or dogs that are not altered (spayed or neutered) and/or up to date on vaccines please explain why not:** _____

Are your companion animals current on their vaccinations? Yes No N/A

Please tell us about the animals in your past including what became of them and how long they lived:

If you have ever lost a companion at an early age or due to an accident or illness, please provide details:

What and how often will you feed your cat? _____

Where will the cat spend its time? _____

Where will s/he sleep? _____ What places will be off limits? _____

Will your cat be declawed? _____

Will you let the cat outside? Yes No Depends on the cat Explain: _____

Are you financially able and willing to provide annual checkups, vaccinations, and any medical care necessary? Yes No Don't know

How much do you think you will spend on supplies and vet care each year? \$ _____

Do you have a way to cover vet expenses in an emergency situation? Yes No
→ Explain: _____

Your most recent or current Veterinarian:

Vet or Practice Name: _____

Phone number: _____

Pets this vet has seen: _____

How often do you anticipate bringing your cat to the vet? _____

If your cat gets lost what steps would you take to find her? Please don't say "wouldn't happen" because *even with indoor cats it does happen!* _____

Have you ever lost a pet in the past? If so, what did you do? _____

Have you ever given up or would you consider giving up a pet for any of the following reasons?

- | | |
|--|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Allergies: Life-threatening only |
| <input type="checkbox"/> Litter box misuse | <input type="checkbox"/> Aggression |
| <input type="checkbox"/> Destructive Behavior | <input type="checkbox"/> Conflicts with Significant Other |
| <input type="checkbox"/> New baby | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Marriage or Divorce | <input type="checkbox"/> Illness or death in family |
| <input type="checkbox"/> Health issues | <input type="checkbox"/> Too expensive / Couldn't afford |
| <input type="checkbox"/> Moving | <input type="checkbox"/> Got too big |
| <input type="checkbox"/> Excessive Shedding | <input type="checkbox"/> Child lost interest |
| <input type="checkbox"/> Just didn't want them anymore | <input type="checkbox"/> Too much responsibility |
| <input type="checkbox"/> Didn't have enough time | <input type="checkbox"/> Conflicts with new pet |
| <input type="checkbox"/> Doesn't like to be held | <input type="checkbox"/> Other |
| <input type="checkbox"/> None of the above | |

If you have ever given up or returned a pet for any reason, please explain: _____

How long are you willing to allow the new cat to adjust? _____

Have you ever adopted a rescued cat ? _____

How will you introduce new pets to current ones and what will you do if they do not get along?

If you are an older person or a person with declining health, **please describe what provisions you have made for your companion animals in the event that you are no longer able to care for them:**

Have you or anyone in your household ever been convicted of animal abuse or neglect, or have any such charges currently pending against you? Yes No

Do you have any adoption applications pending with other groups? Yes No

Please provide any additional information you would like: _____

Please understand that if you ever need to give up this cat for any reason, you should contact us **first**— we do not euthanize healthy cats. Others may euthanize.

By signing this form, I acknowledge that all information on this form is true and correct. I consent to my landlord and veterinarian being consulted, as appropriate. I understand that any misrepresentation of fact may result in my refused adoption privileges. If my request for adoption is approved and later we discover the above information is not true, whole or correct, we reserve the right to remove the adopted cat(s) from my home.

Signature: _____ Date: _____