| Name | | | | | |
|------------------------|--------------------|----------------------|--|----------------|--|
| Address | e-mail | | | | |
| Today's date | Phone: Cell phone | | | | |
| Physical address when | re the cat will li | ve (No Postal or P.0 | O. Boxes) | | |
| Is this property | | | | | |
| Owned Rei | nted F | oublic housing or se | ection8C | Other | |
| If other, explain | | | | | |
| Are there restrictions | on the property | ? Yes No | $_{	extstyle 	e$ | | |
| Place of employment | | | Work phone | | |
| Placement Ques | | ad in adopting | | | |
| • | | | | Other | |
| | - | | - | | |
| Why are you interested | | | | | |
| | • | | | | |
| Do you have other pet | s now? | How many p | ets? | | |
| Name of the pets | Type of pet | Age/Sex | Vaccinated? | Spay/neutered? | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| How many hours would the pet be alone during the day? |
|---|
| Will your cat be allowed outdoors?If yes, how busy is your street? |
| Would you declaw the cat?Yes No I don't know what is declaw |
| Will you be getting a collar and tag for him or her? |
| (We recommend it, even for indoor-only cats, there's a chance they might get out). |
| What arrangements will you make when you go away? |
| How often are you away? |
| Anything else you'd like us to know about you? |
| What appealed to you about this particular pet? |
| Why are you interested in adopting now? |
| References |
| Please provide information about a veterinarian you have used or will use. References are checked |
| Clinic Name: Clinic Phone: |
| Vet records are under the name of: |
| Personal reference who has seen you around animals: |
| Phone number: Email: |
| |
| |
| All the information provided above is considered confidential and will be used only for placement purposes. The information shall not be shared with anyone outside of this organization. |
| Thank you! |