



# Nine Lives Cat Rescue

CHAMPAIGN COUNTY CAT RESCUE

## Feline Adoption Application

Name of Cat you are applying for: \_\_\_\_\_ Date: \_\_\_\_\_

Your Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### PERSONAL BACKGROUND INFORMATION

How many adults are in the household? \_\_\_\_\_ Number of children: \_\_\_\_\_ Ages: \_\_\_\_\_

Are there other pets in the household? ☐ Yes ☐ No

If yes, please list: \_\_\_\_\_

Who in your household has allergies and to what animals? \_\_\_\_\_

Do you live in a: ☐ House ☐ Condo ☐ Townhouse ☐ Apartment ☐ Mobile Home

Do you: ☐ Own ☐ Rent If you rent, are pets allowed in your lease? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No Employer: \_\_\_\_\_

Work phone number: \_\_\_\_\_ What hours do you work? \_\_\_\_\_

If no, are you a: ☐ Undergraduate Student ☐ Graduate Student Anticipated Graduation Date: \_\_\_\_\_

### PET CARE/HISTORY

Who will be responsible for the daily care and veterinary costs associated with this pet? \_\_\_\_\_

How often will your cat see a veterinarian? ☐ Annually ☐ Only as needed (sick, injury) ☐ Only in emergency

Have you adopted a pet previously from a shelter? ☐ Yes ☐ No

If yes, which one: \_\_\_\_\_ Date: \_\_\_\_\_

If approved, this cat will be kept: ☐ Inside Only ☐ Outside Only ☐ Both In & Outside

Do you understand that cats require a life-long commitment of time, finances and emotion? ☐ Yes ☐ No

**Thank you for your interest in adopting a cat through Nine Lives Cat Rescue.  
Our primary goal is to find life long homes for our cats and kittens.**

**Please email this form to: [ninelivesrescue@gmail.com](mailto:ninelivesrescue@gmail.com)**

