



# Purrfect Cat Rescue Adoption Application



Name \_\_\_\_\_ CA Driver's License \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email \_\_\_\_\_ Preferred Phone # \_\_\_\_\_

## PLEASE ANSWER THE FOLLOWING:

(1) Why do you want to adopt a cat? \_\_\_\_\_

(2) Will the cat be \_\_\_\_\_ INDOOR ONLY or \_\_\_\_\_ INDOOR/OUTDOOR?

(3) Have you ever had a cat surgically declawed by a veterinarian? \_\_\_\_\_

Do you plan to have declawing performed on the cat you are adopting from Purrfect Cat Rescue? Yes \_\_\_\_\_ No \_\_\_\_\_

(5) Where will the cat be kept when nobody is home? \_\_\_\_\_

Where will the cat sleep at night? \_\_\_\_\_ How long will the cat be alone? \_\_\_\_\_

(6) Who will be primarily responsible for the cat's care? \_\_\_\_\_

(7) Are you aware that cats require yearly vaccinations and occasional vet visits? Yes \_\_\_\_\_ No \_\_\_\_\_

(8) What will you do if the cat develops behavior problems? \_\_\_\_\_

(9) Do you currently have a veterinarian? If so, please provide their name \_\_\_\_\_

(10) Do you understand that the cat you adopt will become a member of your family and share your home/life for the next 15 years or more? It will be reliant upon you for food, shelter, and its physical and emotional well-being. Can you make that commitment?

Yes \_\_\_\_\_ No \_\_\_\_\_

(11) Are you a first-time cat owner? Yes \_\_\_\_\_ No \_\_\_\_\_

(12) Household information: How many adults \_\_\_\_\_ How many children & their ages \_\_\_\_\_

(13) Do you Own \_\_\_\_\_ or Rent \_\_\_\_\_ Complex name/Landlord Name & Contact \_\_\_\_\_

(14) Would you agree to a home visit to ensure it is secure for the cat? Yes \_\_\_\_\_ No \_\_\_\_\_

(15) If you have pets currently, please list them below:

Type of Animal	Age	Sex	Has it been spayed/neutered?	Indoor/Outdoor?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PLEASE READ & SIGN THE FOLLOWING: I certify that all information on this application is true and I understand that false information may void this application.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PCR REVIEWER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DNA CHECKED \_\_\_\_\_

PCR2018