

Cat Adoption Application



In order to be considered for an adoption you must:

- 1) be 21 years of age
- 2) have the knowledge and consent of all adults living in your household
- 3) have a valid ID with current address
- 4) understand that completing this application does not guarantee adoption and that Eleanor Sonsini Animal Shelter must approve your application.

Staff Use Only		
Landlord Approval	Vet Reference Checked	Personal References Checked
Application Approved		Application Denied
Shelter Staff Signature		Date

CONTACT INFORMATION

Name _____ Date ____/____/____
 (Please print name of spouse/housemate, also)

Address _____

City _____ State _____ Zip Code _____ eMail _____

Home Phone _____ Work Phone _____ Cell Phone _____

Driver's License Number _____ State _____ Expiration Date _____

CAT SELECTION PREFERENCES

Interested in a specific Shelter Cat named _____

What breed or type and hair length? _____ age range _____ oldest _____

Sex? _____ Declawed*? _____ *Are you planning to have cat declawed? _____

HOME SITUATION

DO YOU LIVE IN A: House _____ Apartment _____ Condo _____ Dorm _____ Mobile Home _____

DO YOU: Rent _____ Own _____ Live with Parents _____

Landlord's Name _____

Landlord's Address _____ Phone _____

Does your landlord allow cats? _____ Are you planning to let your cat venture outside? _____

INTERACTIONS

Please provide the following information about your household: Number of Adults _____ Number of Children _____

Ages of children you expect the dog to come into contact with: _____

Who will care for your cat when you are out of town? _____

OTHER ANIMALS

How many pets do you have now: Dogs _____ Cats _____ How many pets have you had in the last 5 years _____

Please list any pets you now have or have had in the past. If more space is needed use additional sheet.

NAME	TYPE/BREED	AGE	SEX	FIXED?	WHY YOU NO LONGER HAVE

VETERINARY REFERENCE

Veterinary Hospital/Clinic Name _____ Veterinarian Name _____
Street Address _____ City _____ State _____ Phone Number _____

PERSONAL REFERENCES

First Name _____ Last Name _____ Telephone Number _____
First Name _____ Last Name _____ Telephone Number _____

The adoption process may take between 24 to 48 hours to complete, as time will be needed to contact your landlord (where applicable), and check reference information provided.

By signing below, I certify that the information given is true and correct and I recognize that any misrepresentation of facts will result in my losing the privilege of adopting a pet (note: I understand that my name will be placed on several "DO NOT ADOPT TO.." lists that are shared with other Animal Shelters and Rescue Organizations. I give my veterinarian permission to release any vet care records and information about my current and past pets to the Eleanor Sonsini Animal Shelter. I also give the Eleanor Sonsini Animal Shelter permission to maintain contact with me by a home visit and/or telephone calls and emails. I understand that this application is the property of the Eleanor Sonsini Animal Shelter and has the right to deny my request to adopt.

Signature _____

Date ____/____/____