



ADOPTION APPLICATION

Name of Cat(s) Requested: _____

Personal Information:

Name: _____

Address: _____

Apt #: _____ City/State/ZIP: _____

Home #: _____ Cell #: _____

Email: _____

Driver's License #: (Optional) _____

Age: _____

Employer: _____

Occupation/Title: _____

Phone #: _____ Contact: _____

Address: _____

City/State/ZIP: _____

How long with this Company? Years: _____ Months: _____

How long have you lived at this address? _____

Secondary Residence: _____

(Weekend Residence / Summer Residence)

Do you own or rent your current residence Own Rent

If renting, when does your Lease expire? Month: _____ Year: _____ Does your Lease permit pets? _____

Name of Landlord or Renting Agent: _____ Phone #: _____

Are you adopting for yourself or someone else? _____

Do you know cats can live 15 to 20 years? Yes No

Why are you adopting a cat at this point in time? _____

Do you have screens on your windows? Yes No

Do you have a terrace? Yes No

If yes, does it have a screen door? Yes No

Do you have a backyard? Yes No

Is it enclosed? Yes No

Is it enclosed? Yes No

Where did you learn about us? Petfinder.com Adopt-A-Pet.com RescueMe.org Other

Does your current job require extensive travel? Yes No

If at current job 2 years or less, who was your previous Employer?

Address: _____ Phone #: _____

What arrangements will you make for the care of your pet(s) while you are away on business or vacation?

Personal Reference:

Name: _____ Phone #: _____ Relationship: _____

Address: _____ City/State/ZIP: _____

Who would you give your pet(s) to if you could no longer keep him/her?

Name: _____ Phone #: _____ Relationship: _____

Address: _____ City/State/ZIP: _____

Personal:

Do you have others living in your home? Yes No

What is their relationship to you? (*Child, Parent, Partner, Roommate*)

Name: _____ Age: _____ Relationship: _____

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Name: _____ Age: _____ Relationship: _____

Does anyone in your family have allergies to animals? Yes No

If yes, how will you handle an animal entering your home?

Adoption History:

Have you had pets before? Yes No If yes, please specify: Dog(s): _____ Cat(s): _____ Other: _____

If other, please specify: _____

If yes, how many years did you have this pet(s)? Years: _____ Months: _____

Where is the pet(s) now? _____

If the pet was given up, why? _____ Who did you give the pet to? _____

Adoption History: (Continued)

Are there any other animals in your home now? Yes No If yes, Describe: (Dog, Cat, Hamster, etc.).

How Many? Dogs: Names / Ages: Male or Female:

How Many? Cats: Names / Ages: Male or Female:

Are they spayed or neutered? Yes No All Some Were your prior pets spayed/neutered? Yes No

Have you adopted from a Rescue Organization or Shelter in the past? Yes No If yes, when?

Name of Organization: Phone #: Name of Pet:

Preferences:

Would you prefer a Declawed cat? Yes No Do you need a cat that can catch mice? Yes No

Will you Declaw (permanently remove claws surgically) the cat or kitten you would like to adopt?

Yes, Front Paws Only Yes, Front and Back Paws No

Pet will be kept: Indoors Only Outdoors Only Indoors and Outdoors

What type of food does/did your cat eat? What will you give new cat? Dry Only Canned Only Both Other

Do you want a cat that can travel well in a car? Yes No

Do you want a cat that will sleep in bed with you? Yes No

Describe what type of personality traits you want in a cat:

Do you currently have a Veterinarian? Yes No

Name: Name of Pet: Phone #:

Address: City/State/ZIP:

If not currently, who is the Veterinarian you've used in the past?

Name: Name of Pet: Phone #:

Address: City/State/ZIP:

I certify that all of the above information is true and accurate and I authorize the Representative of NYC CAT COALITION to contact those listed above. I understand that if I adopt a cat/kitten from The NYC Cat Coalition and it is later discovered that I have falsified any information on this Application, the adoption will be null and void and I must return the cat/kitten(s) to The NYC Cat Coalition.

In order to be considered as an adopter, you MUST: Be 21 Years of Age or Older
Provide Identification showing your Present Address
Have the knowledge and consent of your Landlord

Signature 1: Date:

Signature 2: Date:

Please return completed Application via email to nycatcoal@yahoo.com or Fax to (718) 671-1695
For Additional Comments, see Page 4.

