



# Black Cat holistic rescue

## Adoption Application

Cat Preference (names if known) \* \_\_\_\_\_

Your Name \* \_\_\_\_\_

Occupation \* \_\_\_\_\_

Primary Phone \* \_\_\_\_\_

Alternative Phone \_\_\_\_\_

Home address\* \_\_\_\_\_

City \* \_\_\_\_\_ State \* \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \* \_\_\_\_\_

Name of Spouse/Significant Other \_\_\_\_\_

Children (with ages) \_\_\_\_\_

Age of primary caretaker(s) \* \_\_\_\_\_

List additional people in household  
\* \_\_\_\_\_

Who will be responsible for the cat's care (Feeding, cleaning litter box, taking to vet?) \_\_\_\_\_

Has anyone in your household experienced allergies or asthma? \_\_\_\_\_

**Are you prepared to care for this cat for 15-20 years?** \_\_\_\_\_



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Why are you looking to adopt a cat?

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Is your home a

- House
- Apartment
- Studio
- Duplex
- Condo
- Townhouse

How long have you lived at this address? \_\_\_\_\_

Do you have plans to move in the near future? \_\_\_\_\_

If yes, where to? \_\_\_\_\_

Do you rent or own your home? \_\_\_\_\_

If renting, do you have permission to have a pet? \_\_\_\_\_

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Landlord's Name \_\_\_\_\_

Landlord Phone Number \_\_\_\_\_

Do you have any of the following?

- Patio
- Balcony
- Pet Door
- Unscreened Windows
- Unscreened Doors
- Backyard

In what areas of your home will your cat be allowed? \_\_\_\_\_

Where will you keep the litter box?  
\_\_\_\_\_

How many hours of the day will your cat be left alone? \_\_\_\_\_

Where will (s)he be left when alone? \_\_\_\_\_

Will your new cat be an indoor or outdoor pet?

- Indoors
- Outdoors
- Both

If allowed outside

- Anytime
- Daytime only
- Under supervision
- On balcony/patio only
- On a leash

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- Only when cat is older
- Only if I move to a house or other location
- If both, how many hours per day will your new cat be outdoors?

Is this your first pet? \_\_\_\_\_

Do you have any other pets? \_\_\_\_\_

If yes, what kind and how many?

Dogs \_\_\_\_\_

Cats \_\_\_\_\_

Other \_\_\_\_\_

Where did you get your current pet(s)? \_\_\_\_\_

What brands of pet food do you feed your pets? \_\_\_\_\_

Please list pets you've previously owned

\_\_\_\_\_

—

What happened to pets previously owned? \_\_\_\_\_

\_\_\_\_\_

If deceased, what was the cause of death?

\_\_\_\_\_

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If you previously owned cats, were any of them declawed? \_\_\_\_\_

If yes, where was the procedure performed?

\_\_\_\_\_

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Do you plan to declaw your new cat?

- No
- Yes
- Unsure
- Depends on behavior

If yes, why/under what circumstances? \_\_\_\_\_

\_\_\_\_\_

Name of Current Veterinarian and/or Clinic \_\_\_\_\_

Vet's phone # \_\_\_\_\_

If you have other dogs or cats, are they spayed/neutered? \_\_\_\_\_

If you have cats, are their vaccinations current? \_\_\_\_\_

Have they been tested for leukemia (FeLV) and FIV? \_\_\_\_\_

What is your limit on vet expenses? \_\_\_\_\_

What is a behavior that would not be acceptable to you?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Were you ever in a situation where you were not able to keep a pet? \_\_\_\_\_

If yes, Please Explain

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I certify that all of the above information is true and accurate. I understand that if I adopt a pet from Black Cat Holistic Rescue, this document will become part of the adoption record.

Full Legal Name \* (please print) \_\_\_\_\_

Signature\* \_\_\_\_\_

Today's Date \* \_\_\_\_\_