

MICROCHIP# _____

Animal Protection Association (APA)
Cat/Kitten Adoption Application
www.apa-pets.org

Name of cat/kitten:	Date:
Cat _____ Kitten _____	Cat/Kitten Age:
Breed:	Description:
Have ALL ADULT FAMILY MEMBERS agreed upon adopting a cat/kitten? Yes _____ No _____	

Applicant Information

Name:		
Street Address:		
City:	State:	Zip:
Primary Phone:		Alternate Phone:
E-mail Address:		Date of Birth:
Are you presently: Employed _____ Unemployed _____ Retired _____ Military _____ Student _____		
Employer: _____ / Yrs Employed _____		Phone #: _____
How many adults live in your home? _____ / Please list <u>names</u> and <u>relationship to adopter</u> :		
How many children live in your home?		What are their ages?
Are the children comfortable around animals and understand how to treat them kindly? Yes _____ No _____ N/A _____		
Have the children been prepared to have a new animal in the home? Yes _____ No _____ N/A _____		

General Information

Type of residence: House _____ Apartment _____ Condo _____ Mobile Home _____ Farm _____		
Do you own or rent your home? Rent _____ Own _____		If rental, are pets allowed? Yes _____ No _____
If Rental, Complex Name/Address:		
Manager/Landlord		Phone Number:
Do you plan to move in the near future? Yes _____ No _____		
Do you consider your cat/kitten a part of the family? Yes _____ No _____		
How much time are you prepared to allow your new pet to adjust to your home?		

In the absence of the primary caregiver, who will care for the cat/kitten?
Where will the cat stay when you are on vacation or not at home?

Please Complete Both Sides of Application

Pet Information

What types of pets are currently in your care? Dogs ___ Cats ___ Other? ___ Describe

Have you had any pets under your care in the last five years? Yes ___ No ___ If yes, please complete the chart below.

Name/Type of Pet	Yrs in your care	Spayed/Neutered	Inside/Outside	Where is pet now?	Current on annual vaccines	Current on monthly heartworm preventative? Flea/Tick?

Personal References

Please provide 2 references that are NOT a family member

Name:	Relationship:
Phone:	Best time to contact:
How do you know this person?	How long?
Name:	Relationship:
Phone:	Best time to contact:
How do you know this person?	How long?

Current and Past Veterinarian and Name of Clinic:	Phone:

Have you ever re-homed a pet or returned an adopted pet to a shelter or rescue? No ___ Yes ___ If yes, why?

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APA Volunteer Notes:
