

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 <b>ALL ADULT FAMILY MEMBERS</b> 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 <b>adults</b> live in your home? _____ / Please list <u>names</u> and <u>relationship to adopter</u> :		
How many <b>children</b> 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:
How long have you lived at the current address? _____ 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?
Do you plan to declaw this cat/kitten? Yes ___ No ___ If yes, have you considered alternatives? Yes ___ No ___

**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	Indoors/ Outdoors	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

Name of Clinic:	Phone:
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?

**What is your plan for this cat/kitten should you no longer be able to care for it?**

**If approved, I agree to keep this cat/kitten indoors at all times. I agree that all information is complete and correct. Please sign below:**

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

APA Volunteer Notes:

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