

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:
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:
