

# Cat Around Town Project



## Adoption Application

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### Application submitted for:

Feline Name(s): \_\_\_\_\_

### Contact Information:

Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Relationship to Co-Applicant: \_\_\_\_\_

If the co-applicant listed is your significant other, how long together? \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Co-Appl. Email Address: \_\_\_\_\_

Co-Appl. Cell Phone: \_\_\_\_\_

### Family Information:

Number of adults in household? \_\_\_\_\_ Ages? \_\_\_\_\_

Number of children in household? \_\_\_\_\_ Ages? \_\_\_\_\_

Are you willing to teach young children the proper care and treatment of this cat?  Yes  No

Is everyone in the home in agreement with adopting a cat?  Yes  No

Is anyone in your home allergic to cats?  Yes  No

### Home Information:

Do you own or rent your home? \_\_\_\_\_ How long have you lived at your current address? \_\_\_\_\_

Please describe - house, apartment, townhouse, condo? \_\_\_\_\_

If you rent, please provide your landlord's name & phone number: \_\_\_\_\_

Do you have the permission of your landlord to have a cat?  Yes  No

Is a pet deposit required?  Yes  No Paid?  Yes  No

Get Connected  
Email: [Cat.around.town.project@gmail.com](mailto:Cat.around.town.project@gmail.com)

Facebook: [Cat Around Town Project](#)  
Website: <http://cataroundtownproject.org>

**Current Pet Information:**

How many of each type of each pet do you currently have: \_\_\_\_\_ Cats \_\_\_\_\_ Dogs \_\_\_\_\_ Other Pets

Are all your current pets Spayed/ Neutered?  Yes  No

If you have dogs, what breeds: \_\_\_\_\_

Are your current pets on monthly flea preventive treatment?  Yes  No

Are your current pets up to date on all vaccinations?  Yes  No

Do any pets have health issues that could affect a cat?  Yes  No

If YES, please describe: \_\_\_\_\_

Current veterinarian: \_\_\_\_\_ Contact Number : \_\_\_\_\_

Briefly tell us why you would like to adopt: \_\_\_\_\_

A home visit is **required** prior to approval of adopting a cat. Will you permit a home visit by a Cat Around Town Project representative?  Yes  No

**I/we attest that the information provided on this form is true and accurate to the best of my/our knowledge.**

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_

Co-applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-applicant's Printed Name: \_\_\_\_\_

***Thank you for applying to adopt a cat. Our Adoption Home Coordinator will be in touch with you soon.***