

# Adoption Application

Thank you for filling out this profile. The information you provide will help us help you find the best match for you and your family.



Cat SB # \_\_\_\_\_  
 Person SB # \_\_\_\_\_  
 IP \_\_\_\_\_

PLEASE PRINT CLEARLY

APPLICA

Date \_\_\_\_\_ Name(s) of Adopter \_\_\_\_\_

Street Address / P. O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Cell Phone \_\_\_\_\_

Driver's License # \_\_\_\_\_

(Number of children) \_\_\_\_\_

Own Rent Live with parents Military

Size restrictions? Yes No

Okay to call landlord? Yes No

Friend/Family Newspaper Web Other

Street Address / P. O. Box \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Names of others in household (include ages of \_\_\_\_\_)

Length of time at address \_\_\_\_\_

House Condo Apartment Mobile Home

Landlord Name & Telephone \_\_\_\_\_

How did you hear about our adoption program? \_\_\_\_\_

Please list your current veterinarian \_\_\_\_\_

CATS NAME:

DATE:

## YOU & YOUR HOUSEHOLD

## YOUR IDEAL CAT

**Experience:**  
 Guardian  
 One or two  
 Ageable and experienced

**Time from home:**  
 All day  
 Part-time  
 10-15 hours

**Location:**  
 Indoors only  
 Indoors / outdoors  
 Outdoors only  
 In your garage

**Environment:**  
 Central station  
 High activity  
 Quiet

**Ideal Breed Type / Mix:**  
 \_\_\_\_\_

**Coat:**  
 Short  
 Medium  
 Long  
 No preference

Allergies in Household?  
 Prefer declared?

**Age:**  
 4 - 12 months  
 1 - 3 years  
 Older  
 No preference

**Activity Level:**  
 Low Medium High

**Sex:**  
 Male Female No preference

## CURRENT PETS

## YOUR CURRENT PETS

Type/Breed \_\_\_\_\_  
 Name \_\_\_\_\_  
 Age \_\_\_\_\_ Sex \_\_\_\_\_  
 Spayed / Neutered : Yes No  
 Kept: Inside Outside Both  
 How long have you been caring for this pet?  
 \_\_\_\_\_

Type/Breed \_\_\_\_\_  
 Name \_\_\_\_\_  
 Age \_\_\_\_\_ Sex \_\_\_\_\_  
 Spayed / Neutered : Yes No  
 Kept: Inside Outside Both  
 How long have you been caring for this pet?  
 \_\_\_\_\_

**1 Cat Experience:**  
 First-time  
 Have had cats before  
 Knowledgeable

**2 Time available:**  
 Home only  
 Out part-time  
 Away 7+ days

**3 Our cat's living situation:**  
 Live indoors  
 Live indoors/outdoors  
 Live outdoors  
 Live in your garage

**4 Home atmosphere:**  
 Grandchild  
 Some activity  
 Blissful

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Cat SB # \_\_\_\_\_  
Person SB # \_\_\_\_\_  
IP \_\_\_\_\_

SCUE SHELTER INC.

PLEASE PRINT CLEARLY

## PAST PETS - LAST FIVE YEARS

| Type/Breed | Name | Age | Sex | Spayed / Neutered | Yes | No | Where kept | How long have you been caring for this pet? |
|------------|------|-----|-----|-------------------|-----|----|------------|---|
|            |      |     |     |                   |     |    |            |   |
|            |      |     |     |                   |     |    |            |   |
|            |      |     |     |                   |     |    |            |   |

## PAST PETS - LAST FIVE YEARS

| Type/Breed | Name | Age | Sex | Spayed / Neutered | Yes | No | Where kept | How long have you been caring for this pet? |
|------------|------|-----|-----|-------------------|-----|----|------------|---|
|            |      |     |     |                   |     |    |            |   |
|            |      |     |     |                   |     |    |            |   |
|            |      |     |     |                   |     |    |            |   |

## AGREEMENT AS TO EMERGENCY CUSTODY OF THE ADOPTED CAT

| Age | Sex | Spayed / Neutered | Yes | No | Where kept | How long have you been caring for this pet? |
|-----|-----|-------------------|-----|----|------------|---|
|     |     |                   |     |    |            |   |
|     |     |                   |     |    |            |   |