



Jersey Shore Animal Foundation

CAT ADOPTION APPLICATION

Adopters Name: _____ Spouse: _____

Street Address: _____ Town: _____ State: _____ Zip: _____

How long at current address? _____ Email: _____

Home Phone: _____ Cell: _____ Work Phone: _____

Employer: _____ Phone: _____

Name of cat you are interested in: _____ or type of cat you are looking for (PLEASE CHECK ALL THAT APPLY)

- Age Baby kitten Under 1 year Adult cat Senior
- Sex Male Female Don't Care
- Type Inside cat Outside Cat Both inside and outside
- Color/Breed Specific Color/Breed: _____ Declawed? Don't care

Cat who gets along with Other cats Dogs Toddlers Children
What types of animals now live in your home? Spayed/neutered? Declawed? Go outside?

Name: _____ Type: _____ Yes No Yes No Yes No

Name: _____ Type: _____ Yes No Yes No Yes No

What other pets have you previously owned? What happened to them? Spayed/Neutered?

Name: _____ Type: _____ Age: _____ _____ Yes No

Name: _____ Type: _____ Age: _____ _____ Yes No

Have you ever surrendered pet or given a pet away? _____ If so, explain: _____

Number of children in the home: _____ Ages: _____ Who will have the MAJOR responsibility of this cat? _____

When you go on vacation, where will the cat go and who will take care of? _____

Would you allow us to do a Home Visit? _____ Smoking or non-smoking home? _____

If you move what will you do with your cat? _____

What type of housing will the cat live in? (PLEASE CHECK ALL THAT APPLY)

- Apartment Condo Townhouse Single-family Home Two-Family Home

What is your housing situation? Rent Own Live with parents Other: _____

If you rent, do you have permission from your landlord to have this cat? Yes No Not Sure

Landlord Name: _____ Phone #: _____

What are your plans for the new cat? Declaw Walk on a leash Let you cat in the backyard

- Let your cat on the porch Let your cat out during the day Let your cat out at night

Veterinarian: _____ Phone #: _____

List 2 Personal References (other than family)

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Should your cat become ill and require costly medical service, will you be able to allocate sufficient resources for healthcare to preserve his/her life? Yes No Not Sure

I PROMISE THAT ALL THE ABOVE STATEMENTS ARE TRUE AND I GIVE PERMISSION TO VERIFY ALL INFORMATION GIVEN

_____ (SIGNED) _____ (DATE)

WE RESERVE THE RIGHT TO REFUSE ANY APPLICANT. MUST BE 21 OR OVER TO ADOPT.