

Animal Name: _____	Date: _____	Time: _____
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Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Home #: _____ Work #: _____ Cell #: _____

Please list names and ages of all other household members (roommates, spouse, children etc.)

Do you rent or own this residence? Rent Own Other: _____

Landlord's name / phone #: _____

What type of home is this? (house, apt, etc.): _____

Current veterinarian name and number: _____

I have owned the following animals in the past 5 years:

Pet's Name	Breed	Age	Altered	What happened to this pet?
			Y N	
			Y N	
			Y N	

Is this animal a gift? _____ If yes, for whom? _____

Where will the animal be primarily housed? _____

How long will this animal be left alone during the day? Where would he/she stay?

Where would he/she stay if you are out of town? _____

How do you plan on exercising your cat? _____

I'm looking for a cat that is: (please circle all that apply)

Energetic	Calm	Good with kids	Independent
Playful	Lap cat	Good with other cats	Shy / Quiet
Declawed	Good with visitors	Good with dogs	Vocal

By signing below, I agree that all information provided is true to the best of my knowledge. I give NSPCA permission to verify this information and understand that omission or misrepresentation of facts is cause for denial of this application.

Applicant's Signature
Date

Adoption Counselor: _____

Adoption Counselor Checklist to review with adopter:

- Other animals in the home
- Indoor pets
 - Cat proofing home
 - Litterbox recommendations and issues (2 boxes per cat, types of litter, stress and accidents)
 - Normal wear and tear of furniture from cats, scratching post (horizontal and vertical post)
- Declawing Education – Does adopter plan on declawing? _____
- Vaccinations and licensing laws (*Mention our vaccine clinic for next vaccinations*)
- Review pets incoming profile (if available)
- Any behavioral issues specific with this pet
- Any medical issues specific with this pet
- Meeting with all residents in the home. Allergies: Still needs to visit: _____
- Home ownership or landlord's policy
- Activate 30 days of free pet insurance List of local veterinary offices
- Any additional questions or concerns regarding this animal

Notes:

Date and Initial When Verified

Landlord or home ownership verified: _____

Rabies vaccine verified by veterinarian: _____

All residents in home visited the pet: _____

Application: Approved / Not Approved _____

Notes: