



ADOPTION APPLICATION

We ask for a \$125 adoption donation to help us cover the costs we incur in caring for each cat at Tabby's Place. However, our adoption fee is on a sliding scale; our minimum fee is \$85.

I. Personal Information (Please Print)

Date: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Your Age _____ How did you hear about Tabby's Place? _____

II. Household Information (Circle one in each category below)

1. Type of Residence: *House Apartment Condo/Townhouse Farm Other*

2. Residence Status: *Own Rent Live with Parents*

3. Experience with cats: *First time Had 1 or 2 Had many*

4. Where will cat live? *Indoors only Indoors-outdoors Outdoors only*

5. Hours cat will be alone each day: *More than 9 8 to 9 Less than 8 Rarely*

6. Are you adopting the cat for your household or someone else's? *My home Other home*

7. Is everyone in the household aware and supportive of this adoption? *Yes No Unsure N/A*

8. Ages of all other household residents: _____

9. If you have children or plans to extend your family, are you comfortable with the possibility of a child being bitten or scratched by an animal? (circle one) *Yes No Unsure N/A*

10. If you were to move, what would you do with your pet(s)? _____

11. Under what circumstance(s) would you consider giving up a pet? (examples: allergies, scratching furniture, not using litter box, etc.) _____

12. Under what circumstances would you consider declawing a cat? _____

13. Do you or any members of your household have any history of allergies to cats? *Yes No*

Please use this page to list all current and/or former pets.

Check here if you have never owned any pets.

VI. Current Pets (Please list all pets you currently have. If you need additional room, please write on the back.)

Pet #1 Name: _____ Species: (circle one) *Dog* *Cat* *Other* _____

Age: _____ Male Female Spayed/Neutered? (circle one) *Yes* *No*

Where does pet live? (circle one) *Indoors only* *Indoors-outdoors* *Outdoors only*

Pet #2 Name: _____ Species: (circle one) *Dog* *Cat* *Other* _____

Age: _____ Male Female Spayed/Neutered? (circle one) *Yes* *No*

Where does pet live? (circle one) *Indoors only* *Indoors-outdoors* *Outdoors only*

Pet #3 Name: _____ Species: (circle one) *Dog* *Cat* *Other* _____

Age: _____ Male Female Spayed/Neutered? (circle one) *Yes* *No*

Where does pet live? (circle one) *Indoors only* *Indoors-outdoors* *Outdoors only*

VII. Former Pets (Please list all pets you have had in the past and why you no longer have them. If you need additional room, please write on the back.)

Pet #1 Name: _____ Species: (circle one) *Dog* *Cat* *Other* _____

Age: _____ Male Female

Why do you no longer have this pet? (circle one) *Deceased* *Gave away* *Ran away/lost*

Pet #2 Name: _____ Species: (circle one) *Dog* *Cat* *Other* _____

Age: _____ Male Female

Why do you no longer have this pet? (circle one) *Deceased* *Gave away* *Ran away/lost*

Pet #3 Name: _____ Species: (circle one) *Dog* *Cat* *Other* _____

Age: _____ Male Female

Why do you no longer have this pet? (circle one) *Deceased* *Gave away* *Ran away/lost*

OFFICE USE ONLY

Reference Check Form

Notes:

1. You must check two references for each potential adopter.
2. None of the references may be relatives.
3. If the potential adopter has used a vet in the past 4 years, the veterinary facility MUST be contacted.

Reference Check #1

Date: _____

Employee: _____

Reference name: _____

Phone #: _____

Relationship to adopter: _____

How Long Known: _____

Notes:

Reference Check 2

Date: _____

Employee: _____

Reference name: _____

Phone #: _____

Relationship to adopter: _____

How Long Known: _____

Notes: