



The Animal House

Companion Animal Rescue and Adoption

Application to Adopt (Feline)

Date: _____ Interested in: Cat Kitten

Name of Animal (if known): _____ Color: _____

The Animal House tries to satisfy all adopters while also making the best match between your family and your new pet. We often receive multiple applications for the same animal. Simply being the first to submit an application does not guarantee you will receive the animal you have requested. If your application is approved but the animal has already been placed or another family is considered to be a better match for the pet, we hope you will consider adopting a different homeless animal. We have many wonderful animals waiting for permanent homes.

Name: _____

Address: _____

City, State, ZIP: _____ Applicant's Age: _____

Contact Info: Home: _____ Cell: _____

Work: _____ Email: _____

Would you like to receive The Animal House Newsletter by email? Yes No

Employer: _____ Phone: _____

Address: _____

Please list the name, age and relationship to you of all the people living in your home:

| Name | Age | Relationship |
|------|-----|--------------|
| | | |
| | | |
| | | |
| | | |

Do you: Rent Own your home? How long? _____

If Rent: Landlord Name: _____ Phone: _____

Have you ever owned a pet? Yes No

If yes, how long did you have it and where is it now? _____

Have you ever given a pet up? Yes No If yes, why? _____

The Animal House

Pets currently living in your home (list additional at bottom of form, if necessary):

| Species | Breed | Age | Altered | Current Vaccines |
|---------|-------|-----|--|--|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Veterinarian: Name/Practice: _____

Address: _____

City, State, ZIP: _____ Phone: _____

How long have you used this vet? _____

Where do you keep your current pets? Inside Outside Inside/Outside

Where do you intend to keep this pet? Inside Outside Inside/Outside

Do you plan to declaw this cat/kitten? Yes No

Have you ever been investigated for, had a complaint filed against you for or had a pet confiscated for cruelty or neglect? Yes No

Please list two character references **that do not live in the same household:**

Name: _____ Phone: _____

Name: _____ Phone: _____

*By signing this form, you agree 1) that all information in this application is true; 2) that false information may void this and future applications; 3) to allow Animal House representatives to verify the information provided, and 4) to provide a commercial carrier for transport, should you be approved to adopt the animal. **The Animal House will not release a cat or kitten without an appropriate carrier.***

Signature: _____ Date: _____