



# 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: \_\_\_\_\_ 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? \_\_\_\_\_

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

For any cats listed above, please indicate whether they have been tested for:

Feline Leukemia     Yes     No    Result:     Positive     Negative

Feline Aids:         Yes     No    Result:     Positive     Negative

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

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: \_\_\_\_\_