

Adoption Application



Cat's Name: _____ Microchip ID#: _____
 Counselor: _____ Date: _____ Time: _____

Please Complete This Form Entirely. All Questions Must Be Answered To Be Considered For Adopting!

All 4 the Love of Cats
 P.O. Box 1113
 Palatine, IL, 60078-1113
 Call/Text 847-302-6410
All4theloveofcats@hotmail.com
www.all4theloveofcats.com
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Applicant Name: _____ MI: _____ Maiden Name: _____
 Spouse/Roommate: _____ Maiden Name: _____
 Phone: Home: _____ Cell: _____ Email: _____
 Spouse/Roommate Phone: _____ Spouse/Roommate Email: _____
 Address: _____ City: _____ State: _____ Zip: _____ Length of time at address: _____
 Previous Address: _____ City: _____ State: _____ Zip: _____ Length of time at address: _____
 Driver's License#: _____ Spouse/Roommate Driver's License#: _____
 Applicant Employment: Company: _____ Phone: _____ Shift: _____ How long employed there? _____
 Spouse/Roommate Company: _____ Phone: _____ Shift: _____ How long employed there? _____
 Do you: Own: _____ Rent: _____ Landlord's Name: _____ Landlord's Phone #: _____
 No. of adults in household: _____ No. of children in household: _____ Ages of children: _____
 Are all members of your household here with you today? Yes _____ No _____ Who is missing? List name[s], age & relationship: _____

- | | |
|---|--|
| 1. Have you ever trained or had a kitten before? Yes _____ No _____ | 6. Do you have a scratching post? Yes _____ No _____ |
| 2. Have you ever trained or had an adult cat? Yes _____ No _____ | 7. Do you have a carrying crate? Yes _____ No _____ |
| 3. Do you want a declawed feline? Yes _____ No _____ | 8. How many hours will the cat be left alone each day? _____ |
| 4. If one is not available, would you declaw? Yes _____ No _____ | 9. Do you have any allergies to pets? Yes _____ No _____ |
| 5. Have you ever trimmed claws? Yes _____ No _____ | 10. Who will be feeding & providing vet care? _____ |

Have you ever had to get rid of a pet? Yes _____ No _____ If yes, please explain: _____

Where will the cat be housed? Indoors only _____ Outdoors only _____ In & Out _____ Barn _____ Other, explain: _____

Why do you want a pet? Companion _____ Companion for other Pet _____ Mouser _____ For a child _____ Gift _____ Other, explain: _____

List all veterinarians you have used with past pets (**Must Include Clinic Name, Phone Number & City**): _____

Current Pets:

Dog/Cat	Name	Age	How long have you had this pet?	Kept inside or outside?	Purchased/received from where & at what age?

Past Pets:

Dog/Cat	Name	Purchased/received from where & at what age?	How long did you have your pet?	Kept inside or outside?	Where is pet now?

PLEASE READ & SIGN: I CERTIFY THAT ALL THE INFORMATION I HAVE GIVEN ON THIS APPLICATION IS TRUE. I UNDERSTAND THAT ANY FALSE INFORMATION, UNANSWERED QUESTIONS, & OMITTED INFORMATION WILL RESULT IN IMMEDIATE REJECTION.

Applicant: _____ Spouse/Roommate: _____ Date: _____