

Spay and Stay

PO Box 145 Grayslake, IL 60030

Ph 847-548-1980 Fax 847-557-9136

info@spayandstay.org

Pet Adoption Application

Date:

Time:

Cat(s) Interested in Adopting:

Applicant Name(s):

Age:

Address :

City:

State:

Zip Code:

Phone (H)

(C)

Contact Email Address:

Employer:

Phone:

Occupation:

Length of Employment with this Employer:

TELL US ABOUT YOUR ADOPTION PREFERENCES AND HOW YOU WILL CARE FOR YOUR PET.

I wish to adopt:

kitten (under 6 mo.)

teenager (6 mo to 1 yr.)

young adult (1-5 yrs.)

older adult (6 yrs. +)

I am looking for a cat that is:

playful/active

vocal

quiet

lap cat

good w/kids

good w/dogs

good w/ other cats

other

How many hours will the kitten/cat be home alone?

less than 4 hours

4-6 hours

8 hours

more than 8 hours

Who will be responsible for the care of this animal?

Who else lives in your home that will interact with the cat? List their names and ages

Is there anyone in your family that is allergic to animals? If yes, who

No

Will you allow your cat to go outside?

Yes

No

Do you plan to declaw this cat?

No

Yes

Unsure

Where do you live? Apartment condo house townhouse

Would you agree to a home visit/in person delivery? Yes No

Do you own the home you will be keeping the new cat at? Yes No

If not, please provide the name and phone number of the property owner / landlord. **We will call to verify their permission:**

How long have you lived at the current location?

Where in the house will the cat be kept? Bedroom Basement whole house other

If you move, what will you do with the cat?

Have you ever adopted/owned a cat before? Yes No

Have you ever adopted from a shelter before? Yes No

If so, which one and when?

Have you ever relinquished a pet? If so, where and when?

Please list the pets you currently have, their age and their species:

Please list other pets you have had in the last 5 years and what happened to them:

Are all your current pets up-to-date on their vaccinations? Yes No

Name of your veterinarian Phone #

We will call vets to verify this information. Please call your vet to give permission for us to speak.

What would you do if your new cat does not get along with your current pets?

Are you financially able and willing to provide **annual** check-ups, vaccinations, and ANY medical care necessary? Yes No

Personal Reference & relationship to you:

Phone:

I affirm that all the information contained in this application is accurate and factual. This information will be used only for Spay and Stay adoption screening purposes.

Signature:

date: