

Creature Concerns, Inc  
Cat Adoption Form

---

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Name of Cat(s) Applying for \_\_\_\_\_

How did you hear about Creature Concerns \_\_\_\_\_

Veterinarian's Name and Phone Number \_\_\_\_\_

Are you willing to take the time to housebreak a cat, and do you understand that changing a cat's environment may cause the cat to have accidents? \_\_\_\_\_

If a behavioral problem arises, what steps will you take to work on it? \_\_\_\_\_

If you are applying for a cat/kitten who is not house trained, how will you house train the cat? \_\_\_\_\_

Describe the kinds of personal situations where you might have to return your adopted cat, i.e., job loss, children, move, marital change, etc. \_\_\_\_\_

For whom are you adopting the cat?    Self    Gift    Other Family Member

How many people live in your home? \_\_\_\_\_

Any Children?    Yes    No

If so, what ages? \_\_\_\_\_

Who will be responsible for feeding the cat and cleaning the litter box? \_\_\_\_\_

Who will take care of the cat in the absence of the primary caretaker? \_\_\_\_\_

---

Do you own or rent your home    Rent    Own

If you rent, have you received the approval of your landlord to have an animal    Yes    No

How many hours will the cat be left unattended each day (i.e., workday)? \_\_\_\_\_

---

When you are home, where will the cat be kept? \_\_\_\_\_

Where will the cat sleep \_\_\_\_\_

When no one is home (i.e., at work, shopping), where will the cat stay? \_\_\_\_\_

---

What will you do with the cat when you travel? \_\_\_\_\_

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

Are you aware of the adoption fee (\$75 non-refundable donation)?    Yes    No

Have all adult family members agreed upon the cat? \_\_\_\_\_

Please list the animals you currently own, answering the following questions about each: Name, type of animal, age, sex, Is the Pet Spayed or Neutered?, Primarily indoor or outdoor?, how long have you had the animal? \_\_\_\_\_

---

Describe all pets you previously owned in the past 5 yrs, answering the following about each: Name, type, spayed or neutered?, how long did the animal live, cause of death. \_\_\_\_\_

---

I certify that the information entered on this applicant is true. Enter your name and date \_\_\_\_\_

---