



Cat Care Society Adoption Application

5787 West 6th Avenue
Lakewood, Co 80214
(303) 239-9680

PLEASE PRINT

Name of cat(s): _____

Primary Adopter: _____

Spouse/Significant Other: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Primary Phone: _____ Cell Phone: _____ Alt. Phone: _____

E-Mail: _____

How long have you been at your present Address? _____

Are you planning to move in the next six months? _____

If yes, where to? _____

What will you do with your cat if and when you move? _____

Do you: Rent Own An: Apartment House Mobile Home Townhouse/Condo

If you rent, your landlord's name and Telephone: _____

How many adults in your household? _____ Children? _____ Ages of children _____

Additional Adults in Household? _____

Who will be responsible for the cat's care (feeding, litter box): _____

Age of the Primary Caretaker: _____

How would family changes (i.e. marriage, divorce, new baby) affect your cat? _____

Has anyone in your household experienced allergies or asthma? _____

Has anyone in your household ever had an allergic reaction to a cat? Yes No

If Yes, Explain: _____

Why are you looking to adopt a cat? (check all that apply)

Companion for you/spouse Companion for children Companion for pet As a gift

Replace lost/deceased cat Other _____

Please list any pets owned within the last 5 years:

Type of pet	Sex	Age	Fixed?	Time Owned	Still Own?	If not, What Happened?
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Driver's License
CO ID#: _____
Expiration Date: _____
Your Age (Circle): Under 21,
21-30 31-50 51-75 76+

How many pets are currently in your household? _____Total _____Cats _____Dogs _____Other

Were you ever in a situation where you were not able to keep a pet? Yes No

If yes, please explain: _____

Are you willing and able to provide any medical care necessary? Yes No

Current Veterinary Clinic Name: _____ Phone #: _____

If you have other dogs or cats, are they spayed/neutered? _____

If not, why? _____

Are their vaccinations current? _____

If not, why? _____

If you have cats, have they been tested for FIV and FeLV? _____

What is your limit on vet expenses per year? _____

How often will your cat go to the veterinarian for an exam?

Once a year Once every two years When due for vaccines Only when sick

Where will your pet be kept? Inside Outside Both

If you let your cat outside will it be: Indoor Only Unattended Attended

Do you have any of the following? Please check all that apply: Patio Balcony Pet Door

Unscreened Windows Unscreened Doors Backyard

In what areas of your home will your cat be allowed? _____

Where will you keep the litter box? _____

Where will your cat sleep? _____

How many hours per day will your cat spend alone? _____

Where will (s)he be left when alone? _____

What is your opinion on declawing? _____

If you previously owned cats, were they declawed? _____

Do you plan to declaw your new cat? Yes No Unsure Depends on Behavior

If yes, why/under what circumstances: _____

If your cat gets lost, in addition to contacting Cat Care Society, what steps would you take to find it? _____

What is a behavior that would not be acceptable to you? _____

What will you do if your new cat doesn't get along with your present pet(s)? _____

What would you do if your cat does not use the litter box? _____

How will you handle your cat's scratching needs? _____

If allergy would develop after this adoption, what would you do? _____

CCS staff can help you when a behavior problem arises, just call us!

Your cat may take two months or longer to adjust to their new home. Is this an acceptable time period for you? Yes No

What steps will you take if your cat is not adjusting to their new home after two months? _____

Who will care for this cat when you travel, or require an extended absence due to illness or emergency? _____

A cat's average life-span is 15 to 20 years. Are you prepared to take on the responsibility of this cat for its entire lifetime? Yes No

How did you hear about Cat Care Society?

- Newspaper Phone Book CCS Website
 Petfinder TV Friend or Family
 Other: _____

I certify that all of the above information is true and accurate. I understand that if I adopt a pet from Cat Care Society, this document will become part of the adoption record.

Full Legal Name: _____ Signature: _____

Today's Date: _____

OFFICE USE ONLY

Blacklist Checked: _____ If Homeowner, Title Check: _____

If Renter, Landlord/Lease Approval Confirmed: _____

Veterinary Clinic Confirmed: _____

Blank Questions: _____

Approved: _____ Disapproved: _____ Staff Initials: _____ Date: _____

Comments: _____
