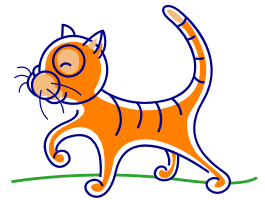


Approved by: \_\_\_\_\_



# Tri-City Animal Shelter & Adoption Center Cat Adoption Application



Date: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_ DOB \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Work # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ ext \_\_\_\_ Cell # \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Email: \_\_\_\_\_

Tell us about your **CURRENT** pets (please use other side if necessary)

| Species | Breed | Sex | Altered | Age   | Currently Vaccinated | Lives       |
|---------|-------|-----|---------|-------|----------------------|-------------|
| Dog Cat | _____ | M F | yes no  | _____ | yes no               | In Out Both |
| Dog Cat | _____ | M F | yes no  | _____ | yes no               | In Out Both |
| Dog Cat | _____ | M F | yes no  | _____ | yes no               | In Out Both |
| Dog Cat | _____ | M F | yes no  | _____ | yes no               | In Out Both |

Your Vet: \_\_\_\_\_ Phone # \_\_\_\_\_

Are there any children in your home? Yes No If yes, what are their ages? \_\_\_\_\_

Does anyone in the household have allergies to animals? Yes No Not Sure

Do you live with: Parent(s) Roommate(s) Other \_\_\_\_\_

Do you: Rent Own Do you live in a: Apartment Condo Duplex House Mobile Home

Please describe what you are looking for in a cat (**please circle all that apply**):

Breed \_\_\_\_\_ kitten adult talkative short hair active quiet  
declawed laid back long hair mouser affectionate outgoing other \_\_\_\_\_

Where will your new cat **primarily live**? Outside Inside Both Other \_\_\_\_\_

Where will you keep the litter box? \_\_\_\_\_

Have you ever had to find a home for one of your pets? Yes No

If yes, what type of pet(s)? \_\_\_\_\_

How did you find their new home? \_\_\_\_\_

If you move in the future, what will you do with your pet(s)? \_\_\_\_\_

Who will care for your pet if you are unable to care for them? \_\_\_\_\_

Is this your first experience with this type of pet? Yes No

Will you have this cat vaccinated as recommended by your veterinarian and in accordance with the city in which you live? Yes No

Do understand this cat must be spayed or neutered? Yes No

Do you understand the cost of maintaining this cat? Yes No

Do you feel you can afford this cost for his/her lifetime? Yes No

How did you hear about Tri-City Animal Shelter? \_\_\_\_\_