

CAT ADOPTION APPLICATION

**NORTH BAY
ANIMAL SERVICES**



COMPASSION • COMMUNITY • CONNECTION

TELL US ABOUT YOURSELF

Name _____ Spouse/Partner's Name _____

Address _____ City _____ Zip _____

Home Phone () _____ Cell Phone () _____

Email (please print clearly) _____ Driver's License # _____

Are you over 18-years old? Yes No

Housing: House Apartment Condominium Mobile Home Military

Do you: Own Rent Live with parents/other relative

How long have you lived at this address? _____ years _____ months

Number of people in the household: _____ adults _____ children (ages: _____)

TELL US ABOUT YOUR HOUSEHOLD

Cat Experience: First Time Cat Guardian Have had 1-2 Knowledgeable & experienced

Household Activity Level: Quiet Active Very Active

Time Away From Home: 0-4 hours/day 4-6 hours/day 6-8 hours/day 8+ hours/day

Reason For Wanting A Cat: _____

List any animal allergies in the family: _____

Who will be primarily responsible for the cat's care? _____

How much do you expect to spend on the care of this cat each year? _____

Will the cat you adopt be: inside only outside only both garage

How long will you keep the cat indoors before you let him/her go outside? _____

Name of your veterinarian _____

What would you do with the cat if you could no longer keep him/her? _____

Where will you keep the litter box? _____ How many litter boxes will you have? _____

Do you have a cat carrier? Yes No

TELL US ABOUT YOUR CAT PREFERENCES

What do you feel is unacceptable behavior for a cat? _____

How would you correct this behavior? _____

Have you ever adopted an animal from us before? Yes No If yes, do you still have this pet? Yes No

If NOT, what happened? _____

TELL US ABOUT YOUR CURRENT PETS

SPECIES	AGE	GENDER	ALTERED?	INDOOR/OUTDOOR	# YEARS
				IN <input type="checkbox"/> OUT <input type="checkbox"/> BOTH <input type="checkbox"/>	
				IN <input type="checkbox"/> OUT <input type="checkbox"/> BOTH <input type="checkbox"/>	
				IN <input type="checkbox"/> OUT <input type="checkbox"/> BOTH <input type="checkbox"/>	
				IN <input type="checkbox"/> OUT <input type="checkbox"/> BOTH <input type="checkbox"/>	

TELL US ABOUT YOUR PAST PETS (5 year history)

SPECIES	ALTERED?	INDOOR/OUTDOOR	# YEARS	WHAT HAPPENED?
		IN <input type="checkbox"/> OUT <input type="checkbox"/> BOTH <input type="checkbox"/>		
		IN <input type="checkbox"/> OUT <input type="checkbox"/> BOTH <input type="checkbox"/>		
		IN <input type="checkbox"/> OUT <input type="checkbox"/> BOTH <input type="checkbox"/>		
		IN <input type="checkbox"/> OUT <input type="checkbox"/> BOTH <input type="checkbox"/>		

Have you ever brought an animal to a shelter? Yes No

If yes, what were the circumstances? _____

How did you hear about North Bay Animal Services? Word of mouth Website Advertising

Prior experience Community event Other

I AGREE THAT THE ABOVE INFORMATION IS TRUE TO THE VERY BEST OF MY KNOWLEDGE. I GIVE SHELTER STAFF PERMISSION TO VERIFY THIS INFORMATION.

Adopter's Signature _____

Date _____

STAFF USE ONLY

Application reviewed by _____ Applicant approved for _____

Comments _____

ADOPTION CHECKLIST	NEEDED?	DATE DONE	COMMENTS
Landlord: Phone #			
Children/Spouse Meeting			