

HERO TAILS ANIMAL SANCTUARY

Cat Adoption Application

Cats Name: _____ Date: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Occupation: _____ Employer: _____

Employer Address: _____

Number of Adult: _____ Number of Children: _____ Ages of Children: _____

Are all of the adults in your household aware that you are adopting a cat and in agreement?

Who will be the primary caregiver for your new cat? _____

Is any member of your household allergic to cats? Yes No

Do you rent your home? _____ Landlord's name & phone #: _____

How many hours a day will the cat be without human companionship? _____

Where will the cat be kept? Indoors Outdoors Indoor/Outdoor Barn Other

Will you have the cat de-clawed? Yes No Maybe

Have you had cats before? Yes No

What happened to them? _____

Name & Phone # of your vet: _____

Are there other cats in your household? Yes No

If yes, please list:

Name	Age	Gender	Fixed	Current on Vaccines?	Declawed

Are there any other pets in your household? Yes No

If yes, please list:

Name	Type	Age	Fixed	Gender