



# Cat Adoption Application

**LUCKY ANGEL**  
ANIMAL RESCUE

Welcome to Lucky Angel Animal Rescue's adoption program. We request the following information so we can assist you in the selection of a new kitten/cat. This form and a consultation with an adoption agent are designed to help you find the cat most compatible with your lifestyle. To be considered as an adopter, you must:

- Be 21 years of age or older.
- Have identification showing your present address.
- Have the consent of your landlord (if applicable).
- Be able and willing to spend the time and money necessary to provide medical treatment and proper care for the kitten/cat.

Name of applicant: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

How long have you lived at this address?  
\_\_\_\_\_

Are you adopting for yourself or for someone else?  
\_\_\_\_\_

Describe in detail the kitten/cat you're looking for:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list your current pets (include age, sex, breed):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are they spayed or neutered?  Yes  No  Don't Know

Are they current on vaccinations?  Yes  No  Don't Know

Have they been tested for feline leukemia?  Yes  No  Don't Know

Have they been tested for FIV?  Yes  No  Don't Know

Are they declawed?  Yes  No  Don't Know

Will they adjust to a new cat in the house?  Yes  No  Don't Know

What kinds of pets have you had in the past?

---

What happened to the pets you no longer have?

---

---

---

Have you ever turned in your cat to a shelter?  Yes  No  If yes, please explain:

\_\_\_\_\_

Have you ever had a pet euthanized?  Yes  No  If yes, please explain:

\_\_\_\_\_

Why do you want this cat (check all that apply):  Companion  Companion for other pet

House pet  Barn cat  Mouser  Office cat  Other (explain):

\_\_\_\_\_

How many adults are in your home? \_\_\_\_\_ How many children? \_\_\_\_\_ Children's ages? \_\_\_\_\_

Do all members of the household agree to adopting a cat?  Yes  No

Who will be responsible for feeding and care of the cat?

\_\_\_\_\_

Is any member of your family allergic to cats?  Yes  No  Don't Know

Is someone home during the day?  Yes  No If yes, who?

\_\_\_\_\_

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

\_\_\_\_\_

Where do you live?  House  Apartment  Condo  Mobile home  Other:

\_\_\_\_\_

Do you own or rent your home?  Own  Rent

If you rent, are you willing to pay a pet deposit/monthly pet rent?  Yes  No

If you rent, may we contact the owner to obtain permission for this cat to live in your home?

Yes  No Owner's name and phone number:

\_\_\_\_\_

What is your current occupation? \_\_\_\_\_ Employer?

\_\_\_\_\_

Does your job require extensive travel?  Yes  No

Where will you keep the cat during the day?  In the house  Outdoors  In the garage

Free access to indoors and outdoors  In the barn

Where will you keep the cat at night?  In the house  Outdoors  In the garage

Free access to indoors and outdoors  In the barn

Do you have screens on your windows?  Yes  No

Do you have a pet door?  Yes  No If yes, where does it lead?

\_\_\_\_\_

Under what circumstances would you have the cat declawed?

\_\_\_\_\_

Are you aware of the surgical procedure and potential side effects of declawing?  Yes  
 No

What will you do if your cat develops behavioral problems (aggression, scratching furniture, spraying, not using litter box)?

\_\_\_\_\_

Will you keep your cat up-to-date on vaccinations?  Yes  No

Who is your veterinarian? \_\_\_\_\_ Phone:

\_\_\_\_\_

Clinic/City/State:

\_\_\_\_\_

If you go away for a few days, who will take care of the cat?

\_\_\_\_\_

What arrangements have you made for the care of your pets in case of an emergency?

\_\_\_\_\_

\_\_\_\_\_

If you move, will you take the cat with you?  Yes  No

Are you aware that cats can live 15 to 20 years? Are you willing to take responsibility for this cat for the rest of its life?  Yes  No

What provisions have you made/will you make for the cat should you become unable to care for it?

\_\_\_\_\_

\_\_\_\_\_

Are you willing to have a representative of Lucky Angel Animal Rescue perform a home inspection?

Yes  No If no, explain:

\_\_\_\_\_

Additional comments from applicant:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide two personal references:

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

\_\_\_\_\_

Street address:

---

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code:

---

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

---

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

---

Street address:

---

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code:

---

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

---