



Please fill out and e-mail to jcirwin@pacbell.net OR FAX to (805) 379-5968

POTENTIAL CAT ADOPTER PROFILE

I WOULD LIKE TO ADOPT: _____
(Cat's Name)

COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE PLACEMENT. WE RESERVE THE RIGHT TO TURN DOWN POTENTIAL ADOPTERS AS WE DEEM NECESSARY.

Adopted from us before? (Yes) (No) Name of (cat) (dog) you adopted: _____

Name: _____ Date: _____
Street: _____ City/State/Zip: _____
Phone: (Evening) () _____ (Daytime) () _____

- Who shares your household? (Live alone) (Spouse) (Children) (Signif. Other) (Roommate)
- Ages of your children, if any? _____ Is this child's 1st pet? _____
- Do you live in a? (House) (Apartment) (Condo) (Townhouse) (Other _____)
- Do you rent? (Yes) (No) [IF YOU RENT, do you have permission to have a cat?] (Yes) (No)
- Do you have? (Balcony) (Deck) (Patio) Will the cat be allowed to go on it? (Yes) (No)
- Is anyone in your household allergic to cats? (No) (Yes) Who? _____
- Will the cat be? (Indoor & Outdoor) (Indoor Only) (Mostly Outdoor) (Barn Cat)
- If the cat goes outdoors, will it be? (Cat will not go out) (Supervised) (In at night) (Whenever it wants)
- Will the cat be allowed? (In the entire house) (Only part of the house)
- If you leave for part of the day, will the cat be left? (In the entire house) (Only part of the house)
- Where will this cat sleep at night? _____
- Is anyone home during the weekday? (Yes) (No) (Part of the week)
- Have you ever had a cat before? (Yes) (No)
What happened to the cat(s)? _____
- Do you have other cats? _____ Their age(s) _____ Are they tested for? (Leukemia) (Aids)
Dogs? _____ How many? _____ Breed: _____ Will dog interact with cat? _____
- Do you have a? (Pet Door to the Outside) (Pet Door to the Garage) (No Pet Door)
- Are all of your pets spayed/neutered? _____ If no, why not? _____
- Do you plan to declaw this cat? _____ If yes, why? _____
- When you go on vacation, who will take care of the cat? (Relative/Neighbor/Friend) (Pet Sitter) (Board)
