

Adoption Application

Personal information

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone number: _____

Are you 18 or older? Yes No

Family

Number of adults (18+ years) at home: _____

Number of children at home: _____

Your Home

What type of home do you live in:

Apartment House Farm

Where will your cat stay during the day?

Outdoor Indoor Outdoor/Indoor

Your Pets

Do you own any other pets? If yes please list:

Name	Breed	Age	Sex	Fixed?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you plan to declaw? Yes No