

Under what circumstances, would you re-home your cat?

- Moving New Baby Allergies Health issues Behavior problems
 Divorce New partner Want to travel Shedding Not getting along with other pets

Other, comment:

PETS – CURRENT **NONE**

Pet Type	Age	Sex	Shots Up To Date?	Spayed or Neutered?	Were Cats Declawed?	Percentage of the time your pet spends:		
						Inside	Outside	In garage
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	/	/	/
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	/	/	/
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	/	/	/

Dog owners: When your dog needs to go, do you: (check all that apply)

- Take the dog for a walk Have a dog door Open the door for him Leave the door open

PETS – PREVIOUS (WITHIN THE PAST 5 YEARS) **NONE**

Pet Type	Age	Sex	Spayed or Neutered?	Kept Where Day / Night	Where are they now?
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	/	
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	/	

CAT CARE

Name of Primary Veterinarian or Practice:

Address:

Phone:

If I adopt this cat, I would de-claw: Front Paws All Paws None Not sure

It is important that my pets have a yearly examination: YES NO

I am informed about the following shots: FVRCP (distemper) FELV (Leukemia) Rabies None

I know how to detect the following: Hairballs Fleas Ear mites Tapeworms Roundworms

I know that cats can: Love toys Sleep 18 hours/day Need their nails trimmed Live to be 20 yrs. old

It is important for my cat(s) to: Go outside for fresh air Eat lots of treats Exercise

Who will be responsible for this pet's daily care? Self Spouse Children Roommate

What brand of cat food do/did you normally feed your current cats or previous cats?

Dry: _____ Canned: _____

Where will this pet sleep during the day? _____ at night?

I plan to put the litter box in:

If or when I move, I will: Find my cat a new home Give my cat to a relative Find a pet-friendly neighbor
 Take my pets with me

How did you hear about CC4C? _____

I certify that all of the above information is true and correct:

Signature:

Date:

Completing this application does not guarantee an adoption. The Adoption Coordinator must approve your application.