

ADOPTION APPLICATION FORM COMMUNITY CONCERN FOR CATS

IN ORDER TO BE CONSIDERED FOR AN ADOPTION TODAY YOU MUST:

*BE AT LEAST 21 YEARS OLD *HAVE A VALID CA IDENTIFICATION *VERIFY THAT YOU ARE ALLOWED PETS WHERE YOU LIVE

PERSONAL INFORMATION (PLEASE PRINT CLEARLY AND A	ANSWER ALL QUESTIONS)					
lave you ever adopted from CC4C in the past?						
Are you 21 years of age or older?						
Do you have valid California identification with your name and current address?						
Applicant's Name:	Cell phone:					
Co-Applicant's Name:	Cell phone:					
Address: Apt:	Home phone:					
City:	Zip Code:					
Email: Email:						
Are you: ☐ Working ☐ Retired ☐ Attending school ☐ Working at home ☐ Other:						
Applicant's Employer:	Work phone:					
Co-Applicant's Employer:	Work phone:					
Is the above address a: ☐ House ☐ Townhouse/Condo ☐ Mobile Home ☐ Apartment						
How long at the above address? Years Months	Do you: □ Rent □ Own					
If renting, list name of Complex:						
Name of Landlord:	Phone:					
Are you planning to move within the next six months? YES NO						
How many in household: Adults (F /M) Children (F /M)	Ages of children:					
Do all members of your household agree to a new pet? YES NO						
Does any member of your household have allergies to cats? \square YES \square NO						
I travel: ☐ Frequently ☐ Occasionally ☐ Almost never						
References: Please list two references not living with you, including phone numbers, below:						
CAT PREFERENCES						
I am choosing this pet for someone outside my household: ☐ YES ☐ NO						
If YES, comment: I like cats that have: Short hair Medium hair Long hair All						
I prefer a: ☐ Male cat ☐ Female cat ☐ No preference Why?						
Please describe the temperament and activity level you are looking for in a cat: (check all that apply) ☐ Zippy, high energy, kitten like ☐ Talkative ☐ Responsive ☐ Lap cat ☐ Mellow, easy going ☐ Quiet ☐ Independent ☐ Very affectionate						
Someone in my home is nervous around or unsure of cats: \square YES \square NO	□ No Experience					
The noise/activity level at my home is usually: □ Low □ Medium □ High						
I need a cat that will tolerate being alone at least: Hours per day						
What will you do if your cat develops behavior issues such as scratching, meowing too much, biting, clawing furniture, shedding or urinating inappropriately?						

Under what circumstances, would you re-home your cat?								
☐ Moving ☐ New Baby			□ Allergies		☐ Health issues	I		
☐ Divorce	,		□ Shedding	□ Not getting along with other pets				
Other, comment: PETS - CURRENT NONE								
			Shots	Spayed or	Were Cats	Percentage of the time your pet spends:		
Pet Type	Age	Sex	Up To Date?	Neutered?	Declawed?	Inside / Outside / In garage		
		□ <i>M</i> □ F	☐ Yes ☐ No	□ Yes □ No	□ Yes □ No	/ /		
		□ <i>M</i> □ F	☐ Yes ☐ No	☐ Yes ☐ No	□ Yes □ No	/ /		
		ΠМ	□ Yes	□ Yes	☐ Yes ☐ No	/ /		
D 14/		□ F	□No	□No		<u> </u>		
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 K		ept Where	Where are they now?		
1011700	7.90	□ M	Neutere	d? Day	·	more are mey new.		
		□F	□ No		/			
		□ M □ F	□ Yes □ No		/			
		□ M □ F	☐ Yes ☐ No		/			
CAT CARE								
Name of Primary Veterinarian or Practice:								
Address:	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	e 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.								

Page 2 of 2 Adopt App 7-20-15