



P.O. BOX 3795  
WALNUT CREEK, CA 94598

## 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 ANSWER ALL QUESTIONS)

Have you ever adopted from CC4C in the past? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, when:	
Are you 21 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have valid California identification with your name and current address? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Applicant's Name:	Cell phone:
Co-Applicant's Name:	Cell phone:
Address:	Apt:    Home phone:
City:	Zip Code:
Email:	Email:
Are you: <input type="checkbox"/> Working <input type="checkbox"/> Retired <input type="checkbox"/> Attending school <input type="checkbox"/> Working at home <input type="checkbox"/> Other:	
Applicant's Employer:	Work phone:
Co-Applicant's Employer:	Work phone:
Is the above address a: <input type="checkbox"/> House <input type="checkbox"/> Townhouse/Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Apartment	
How long at the above address?    ____ Years    ____ Months	Do you: <input type="checkbox"/> Rent <input type="checkbox"/> Own
If renting, list name of Complex:	
Name of Landlord:	Phone:
Are you planning to move within the next six months? <input type="checkbox"/> YES <input type="checkbox"/> NO	
How many in household: Adults ( ____F / ____M)    Children ( ____F / ____M)	Ages of children:
Do all members in your household agree to a new pet? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Does any member in your household have allergies to cats? <input type="checkbox"/> YES <input type="checkbox"/> NO	
I travel: <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Almost never	
<b>References:</b> Please list two references not living with you, including phone numbers, below:	

### CAT PREFERENCES

I am choosing this pet for someone outside my household: <input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, comment:
I like cats that have: <input type="checkbox"/> Short hair <input type="checkbox"/> Medium hair <input type="checkbox"/> Long hair <input type="checkbox"/> All
I prefer a: <input type="checkbox"/> Male cat <input type="checkbox"/> Female cat <input type="checkbox"/> No preference    Why?
Please describe the temperament and activity level you are looking for in a cat: (check all that apply)
<input type="checkbox"/> Zippy, high energy, kitten like <input type="checkbox"/> Talkative <input type="checkbox"/> Responsive <input type="checkbox"/> Lap cat
<input type="checkbox"/> Mellow, easy going <input type="checkbox"/> Quiet <input type="checkbox"/> Independent <input type="checkbox"/> Very affectionate
Someone in my home is nervous around or unsure of cats: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> No Experience
The noise/activity level at my home is usually: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> 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       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		Where are they now?
				Day	/ Night	
		<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	/		
		<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.