



1. Download this application from our website.
2. Email the completed application to the address on the cat's profile.

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 all adults & 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					
References: Please list two references not living with you, including phone numbers, below:					

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?

<input type="checkbox"/> Moving	<input type="checkbox"/> New Baby	<input type="checkbox"/> Allergies	<input type="checkbox"/> Health issues	<input type="checkbox"/> Behavior problems
<input type="checkbox"/> Divorce	<input type="checkbox"/> New partner	<input type="checkbox"/> Want to travel	<input type="checkbox"/> Shedding	<input type="checkbox"/> Not getting along with other pets
<input type="checkbox"/> 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	/	
		<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.