

DATE: _____



Cat Guardians, Inc
932 E. St. Charles Road
Lombard, IL 60148
630-543-3395 (Leave a Message)
www.CatGuardians.org
info@catguardians.org

ADOPTION APPLICATION

In order to prevent unnecessary delays due to an incomplete application, we request every question be answered in full

NAME: _____

HOME PHONE: (____) _____

ADDRESS: _____

CELL PHONE: (____) _____

CITY: _____ ST: _____ ZIP: _____

EMAIL: _____

ADOPTION REQUIREMENTS

- ✓ You must present current identification which shows your picture and current address
- ✓ You must be willing and able to spend the time & money needed to feed, house, play, train and provide medical care for your cat.
- ✓ You agree to allow an authorized representative of Cat Guardians to make adoption follow-ups, either by telephone or in person, as deemed necessary.
- ✓ You must carefully read the terms of our Adoption Contract and agree to its terms.
- ✓ You agree that if, for any reason, at any time, you cannot keep the cat you have adopted from Cat Guardians, you must RETURN THE CAT TO CAT GUARDIANS.

IF YOU AGREE TO THE ABOVE REQUIREMENTS,
PLEASE COMPLETE THIS APPLICATION & GIVE IT TO A CAT GUARDIANS REPRESENTATIVE

Name of the Cat(s) you are interested in adopting _____

FAMILY INFORMATION

Is the cat for your and your household? _____

If not, for whom? _____

How many adults live in your household? _____

How many children? _____, what are their ages? _____

Does anyone in the household have allergies? _____

HOUSING INFORMATION

Do you own your own home/condo? _____

(please bring copy of mortgage statement at time of adoption)

Do you rent an apartment? _____ Are cats allowed? _____

Does your lease have special requirements (such as declawing)? _____

Please Explain _____

(please bring copy of lease with pet-rider authorization at time of adoption)

How long have you been at your present address? _____

EMPLOYMENT HISTORY

Are you presently employed? _____

Are you retired? _____

Do you work full time? _____

Do you work part-time? _____

Employer Name: _____

Work Phone (____) _____

Employer Address: _____

How Long Have You Been Employed With Your Present Employer? _____

Continued On Back

PET INFORMATION

Are you prepared to accept the habits of cats? _____

Do you presently have a cat(s)? _____

If yes, please fill out the following for each cat

AGE	SEX (M/F)	Spayed or Neutered	Declawed (2 or 4-paw)

If you do not presently have a cat, did you have any previously? _____

What happened to the cat(s)? _____

Are you planning to declaw the cat/kitten you adopt? _____

Does/Did your cat(s) stay inside? _____ Does/Did your cat(s) go outside? _____

If your cat goes outside, please describe _____

Do you plan to let the cat/kitten you adopt go outside? _____

Is your house equipped with a doggie door? _____

Do you have any other pets at home, such as dog, birds, etc.? _____

If so, please describe _____

Has this pet been around a cat before? _____

VETERINARY CARE

Are you prepared to provide medical care, including, but not limited to, annual veterinary visits and inoculations?

Do you currently have a veterinarian? _____

If so, name and phone number of vet _____

May we contact your vet? _____

OTHER

Is there anything else we should know? _____

How did you find out about Cat Guardians? _____

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS ADOPTION APPLICATION IS COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE.

Signature _____ Date _____

WE RESERVE THE RIGHT TO REFUSE ANY APPLICATION

For Office Use Only

Date and Time Turned into a Cat Guardians Representative _____

Reviewed by Counselor _____ Approved _____ Referred to _____

Reviewed With Perspective Adopter (date and initials) _____