

<p>Cat Guardians, Inc. 932 E. St. Charles Road, Lombard, IL 60148 Tel: 630-543-3395 e-mail: info@catguardians.org website: www.catguardians.org</p>	<p>Hours: Tuesday 4pm - 8pm Saturday 11am -3pm Sunday 11am – 3pm</p>
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ADOPTION APPLICATION

*(In order to prevent unnecessary delays due to an incomplete application, we request each question be answered completely)
 A complete application includes meeting all people in the household*

Name: _____
 Street Address: _____
 City, State, Zip Code: _____
 Home Phone _____ Cell Phone _____
 Work Phone _____ E-Mail Address _____

ADOPTION REQUIREMENTS

- ✓ You must present current identification which shows your picture, current address and age (you must be 21 to adopt).
- ✓ You must be willing and able to spend the time and 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 by Cat Guardians.
- ✓ 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.
- ✓ You agree that if, for any reason, the cat you adopt from Cat Guardians gets lost, you contact us immediately.

**IF YOU AGREE TO THESE ADOPTION REQUIREMENTS,
PLEASE COMPLETE THIS APPLICATION (BOTH SIDES) & GIVE IT TO A CAT GUARDIANS REPRESENTATIVE**

Why are you interested in adopting a cat? _____
 Name of the Cat(s) you are interested in adopting _____
 Is the cat for you 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? _____
 How long have you been at your present address? _____
 Do you own your own home/condo? _____
(please bring copy of mortgage statement or tax bill at time of adoption)
 Do you rent an apartment? _____ Are cats allowed? _____
 Is declawing required by your lease? _____
(please bring copy of lease with pet-rider authorization at time of adoption)
 Are you presently employed? _____ Are you retired? _____
 Do you work full time? _____ Do you work part-time? _____
 Employer Name: _____
 Employer Address: _____
 Work Phone _____
 How Long Have You Been Employed With Your Present Employer? _____

Are you prepared to accept the habits of cats? _____

Do you presently have a cat(s)? _____ if so, please complete the following:

<u>Name</u>	<u>Age</u>	<u>Male/Female?</u>	<u>Neutered/Spayed?</u>	<u>Declawed 2-paw/4-paw?</u>	<u>Current on Rabies and Distemper?</u>

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

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

If your cat(s) goes outside, please describe _____

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

If you are planning on letting the cat/kitten go outside, please describe _____

Is your house equipped with a doggie door? _____

If you do not presently have a cat(s), did you have one previously? _____

What happened to the cat(s)? _____

Was it declawed? _____ If so, Front-Paw _____ 4-Paw _____

Was your cat indoor/outdoor or indoor only? _____

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

If so, why are planning on declawing the cat/kitten you adopt _____

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? _____

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

Do you currently have a veterinarian? _____

If so, name and phone number of vet _____

May we contact your vet? _____

Is there anything else we should know? _____

How did you find out about our shelter? _____

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 ADOPTION

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) _____	