

Cat Cause Foundation Adoption Application

www.catcause.com

Fax Completed Applications to 714-965-2325

Name: _____ Driver's License # _____

Address: _____ Home Phone # _____

_____ Cell Phone # _____

Email _____ Work Phone # _____

Emergency Contact and Phone # _____

Occupation: _____ Employer _____ Years There _____

Name of Desired Cat/Kitten _____ Second Choice _____

Breed/Type _____ Male Female No Preference Desired Age _____

Energy Level Preference: Low (lap cat) Medium High (very playful)

Reason for Adopting: Family Companion Companion for Pet For Child Gift Mouser

Experience w/Pets: First time pet owner Had pets growing up Have had a couple Have had many

Do you live in a: House Apt Condo Mobile Home Military Live w/parents Other

How long there: _____ In your home: # of Adults ____ # of Children ____ Ages _____

Do you: Own Rent

If you rent, do you have permission from your landlord to have a pet? Yes No

Landlord Name _____ Phone # _____

Do you have roommates? Yes No If Yes, how many & ages: _____

Would you allow a home inspection by our personnel? Yes No

Is anyone in your home allergic to animals? Yes No Don't Know

Who will be responsible for new pet? _____

Do or have you owned any cats? Yes No Have they been Felv/Fiv tested? Yes No

Are they Declawed? Yes No Will your new cat be Declawed: Yes No

Does or did your cat go outside? Yes No On Harness Only in own yard

Will your new cat have access to a: Doggy Door Patio Garage Balcony

Where will the new cat be kept: Indoor/Outdoor Indoor Only Outdoor Only

Cats and kittens are known to chew/claw furniture, carpets and drapes and dig in potted plants, etc.

How will you deal with this problem? _____

Children may be scratched or bitten by a pet (especially playful kittens). If so, how will you handle it?

On the first night home, where will the cat stay? _____
 How soon after the cat arrives will it be left alone? _____
 How many hours a day will the cat be left alone? _____
 How often do you travel/vacation? _____
 Who will care for your cat when gone: Friend/Relative[] House Sitter[] Kennel[] Other [] _____
 What would happen to the cat if you were to move? _____

In what situation would you consider giving up this cat? Divorce[] Move[] New Baby[] Re-Marry[]
 Bites/Scratch[] Litterbox Problems[] Other[] _____

Name of current/past Veterinarians used: _____ Phone # _____

Name of Animals treated: _____

Are you aware that cats need regular vaccinations & require routine veterinary care? Yes [] No []

Are you willing and financially able to provide veterinary care if the cat becomes sick or injured?

Yes [] No []

What would you do if your cat required expensive veterinary care? _____

The life span of a cat may be up to 20 years. Are you prepared to care for this cat for its natural life?

Yes [] No []

Do you have someone who will care for the cat if you are unable to? Yes [] No []

Name: _____ Phone # _____

Address: _____ City _____ State _____ Zip _____

Current Pets –

Type	Age	M/F	Indoor or Outdoor	How Long Owned	Temperment

Past Pets –

Type	Age	M/F	Indoor or Outdoor	How Long Owned	Status	If Deceased, Cause

As evidence by my signature below, I attest that the answers that I have given in this document are true and factual to the best of my knowledge and that I have not misrepresented myself in any way. I understand that the completion of this application does not guarantee me the adoption of a Cat Cause Foundation cat and that the Cat Cause Foundation has the right to decline my application for adoption for any reason.

 Applicant Signature /Date

 Co-Applicant Signature /Date

Cat Cause Foundation Adoption Contract Agreement

I/WE AGREE TO: (all members of the household over 13 must read, initial each line & sign)

1. Have all required/protective shots administered on the schedules provided and get necessary veterinary care when needed. _____
2. Not leave the animal(s) alone for more than 12 hours. _____
3. Keep personalized identification on the pet at all times, keep a leash on the pet when on public streets, in parks, etc. The pet is not to be kept tied up on any property. The pet is never to be transported in the back of an open vehicle unless properly tethered. _____
4. Have the animal spayed/neutered according to the medical schedule provided unless valid reason given otherwise. _____
5. If I cannot keep the pet, I agree to return the pet to the CCF for further placement. I will NOT give the animal to a third party without receiving approval from the CCF. I will NOT give the animal to Animal Control, a shelter, or pet experimenters. _____
6. My treatment will be humane and loving for the rest of the life of the pet. _____
7. This pet will be kept INDOORS only. _____
8. I agree to notify the CCF immediately if the pet is lost and follow the instructions on how to attempt to recover the pet. _____
9. I understand that the CCF reserves the right to repossess this pet, should any of the above conditions not be met and all litigation cost will be borne by me, the Adopting party. Follow-up visits may be made by the CCF personnel at a mutually convenient time. _____
10. I understand that the CCF will inform me if they have no knowledge of the pet's medical history prior to its rescue. I also acknowledge that the CCF has made every effort to ensure that the pet(s) being adopted is in good health, to the best of their knowledge. I understand that, once the adoption is completed and I have taken possession of the pet, any and all medical expenses incurred with relation to the pet are my sole responsibility as the new owner. _____
11. I acknowledge that the CCF has disclosed any known behavioral tendencies to the best of their knowledge in an effort to find an appropriate home. Accordingly, I accept full responsibility for the pet and any of its actions subsequent to this adoption. I hereby release the CCF from any potential legal liability as a result of any actions the pet may take once the adoption is complete. _____
12. If I fail to comply with the terms of this agreement, I will reimburse the CCF for any charges, costs and expenses including attorney's fees that have been incurred by the CCF concerning this animal. _____
13. I understand that the pet adoption donation is non-refundable. _____
14. I will NOT declaw this cat under any circumstance and understand that declawing is the amputation of the cat's finger at the first knuckle and not just the removal of the nail. _____
15. I have answered the questions on the application for adoption and during interview(s) truthfully and completely. _____

The applicant understands that any false, incomplete or misleading statements on this application is grounds for denial of the application and/or the immediate return of the cat to the Cat Cause Foundation.

Adopting Adult Signature: _____ Date: _____

Second Responsible Party Signature: _____ Date: _____

CCF Representative: _____ Date: _____