

# CAT ADOPTION APPLICATION

Mimi's Rescue, P.O. Box 20336, Sarasota, FL 34276-33336

We request the following information so that we can assist you in the selection of a new cat. Please print legibly and complete the entire form. Thank you!

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Describe in detail the type of cat you are looking for: \_\_\_\_\_

\_\_\_\_\_

Will this be your first cat?    Yes    No

What kind of pets have you had in the past? \_\_\_\_\_

Which of these do you still have? (Include age, sex, and breed) \_\_\_\_\_

\_\_\_\_\_

Have they been spayed or neutered?    Yes    No

Are they current on vaccinations?    Yes    No    Don't know

Have they been tested for feline leukemia/feline aids?    Yes    No    Don't know

Do you use flea control on your animals?    Yes    No    If so, what product? \_\_\_\_\_

Are your cats declawed?    Yes    No    Don't know    If so, where?    Front paws    All 4 paws

What happened to the pets you no longer have? \_\_\_\_\_

\_\_\_\_\_

Have you ever turned a pet into a shelter?    Yes    No    If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever had a pet euthanized? Yes No If yes, please explain: \_\_\_\_\_

Why do you want this pet? companion companion for other pet House pet barn cat mouser

Office cat other (explain) \_\_\_\_\_

If you have pets, will they adjust to a new cat in the house? Yes No Don't know

How many adults are in your family? \_\_\_\_\_ Relationship \_\_\_\_\_

How many children? \_\_\_\_\_ Ages \_\_\_\_\_

Does any member of your household have an allergy to cats? Yes No Don't know

Is someone home during the day? Yes No If yes, who? \_\_\_\_\_

How many hours each day will the cat be without human companionship? \_\_\_\_\_

Please explain : \_\_\_\_\_

Where do you live? House apartment condo mobile home other \_\_\_\_\_

Do you own or rent your home? Own rent Length of time at present home \_\_\_\_\_

Do you give us permission to contact your landlord to obtain permission for this cat to live in your home?

Yes No Owner's name and Phone \_\_\_\_\_

Where will you keep the cat? In the house outdoors access to both indoors and outdoors

In the barn Please explain \_\_\_\_\_

Do you have a cat or dog door? Yes No

Will you have the cat declawed? Yes No Maybe

Are you aware of the potential side effects of this operation? Yes No

Who is your veterinarian? \_\_\_\_\_ Phone \_\_\_\_\_

If you go away for a few days, or on vacation, who will take care of the cat? \_\_\_\_\_

If you move, will you take the cat with you? Yes No Don't know

Have you ever applied to Mimi's Rescue to adopt a cat? Yes No

If yes, did you adopt? \_\_\_\_\_ Name of cat \_\_\_\_\_

Are you willing to have a representative of Mimi's rescue come to see where the cat will be living?

Yes No If no, explain \_\_\_\_\_

What provisions will you make for the cat should you become unable to care for him/her? \_\_\_\_\_

How much are you willing to spend on medical bills for your cat?

Up to \$100 Up TO \$500 Up to \$1000 Up to \$5000 Whatever it takes

What would you do if the vet bills went over this amount? \_\_\_\_\_

Additional comments from applicant: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Date Issued \_\_\_\_\_

To be completed by Mimi's Rescue Representative

Date of adoption \_\_\_\_\_ Approved / Denied \_\_\_\_\_

Description of cat \_\_\_\_\_ Name of cat \_\_\_\_\_ Cat Number \_\_\_\_\_

Comments

Completion of this application does not guarantee adoption of a Mimi's Rescue cat

Mimi's Rescue, P O Box 20336, Sarasota, FL 34276-3336 Phone (941) 922-1500