

# Pet Adoption Application



627 S. Granite St.  
Prescott, AZ 86303

Date: \_\_\_\_\_ Kitty's name: \_\_\_\_\_ Description: \_\_\_\_\_

Primary Adopter's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home address: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Adopter DOB: \_\_\_\_\_ Are you a student?  Yes  No Do you have roommates? \_\_\_\_\_

## HOUSING INFORMATION

Type:  House  Apartment  Condo  Mobile Home  Military

Do you  rent or  own your residence? How long have you lived in the Yavapai County? \_\_\_\_\_

If renting, are pets allowed? \_\_\_\_\_ Name and phone of landlord: \_\_\_\_\_

How many adults are in your household? \_\_\_\_ Relationship to adopter \_\_\_\_\_

Are all adults aware of the adoption?  Yes  No

How many children are in your household? \_\_\_\_ List ages and relationship to adopter \_\_\_\_\_

Tell us about any pet/animal allergies in your household: \_\_\_\_\_

Are there any cat or doggie doors in your home?  Yes  No

## What pets currently live in your home?

Type	Age	Years In family	Spayed/Neutered	Primary living area	Declawed	Current on vaccinations
_____	_____	_____	Yes / No	In / Out / Both	Yes / No	Yes / No
_____	_____	_____	Yes / No	In / Out / Both	Yes / No	Yes / No
_____	_____	_____	Yes / No	In / Out / Both	Yes / No	Yes / No
_____	_____	_____	Yes / No	In / Out / Both	Yes / No	Yes / No

## PET HISTORY

What pets have you had in the past 5 years? *Other than those listed above*

Type	Age	Years In Family	Spayed/Neutered	Declawed	What happened to the pet?
_____	_____	_____	Yes / No	Yes / No	_____
_____	_____	_____	Yes / No	Yes / No	_____
_____	_____	_____	Yes / No	Yes / No	_____

Have you ever adopted a pet before?  Yes  No From where? \_\_\_\_\_

Have you ever had to give up a pet before?  Yes  No Why? \_\_\_\_\_

Did you surrender it to a shelter?  Yes  No If not, what happened? \_\_\_\_\_

## ANIMAL CARE PROVISIONS

Primary adopters ultimately bear responsibility for the adopted cats care and keeping, but frequently one family member assumes daily care. Who will that be? \_\_\_\_\_

What do you estimate your annual cost to care for this pet will be? \_\_\_\_\_

Describe your anticipated feeding schedule: \_\_\_\_\_

Where will the cat be kept during the day? \_\_\_\_\_

How many hours will the cat spend alone during the day? \_\_\_\_\_

Who will care for the cat in your absence (vacation, etc?) \_\_\_\_\_

If you move, what will happen to the cat? \_\_\_\_\_

If you are no longer able to care for the cat, what will happen? \_\_\_\_\_

Do you currently have a veterinarian?  Yes  No Name: \_\_\_\_\_

## PET BEHAVIOR EXPERIENCE

Why are you adopting a pet today? *Check all that apply*

House Pet  Companion  Company for another pet  Gift  Mouser  Other: \_\_\_\_\_

What qualities do you look for in a pet? *Check all that apply*

Cuddly  Mellow  Playful  Quiet  Talkative  Does its own thing

Active  Friendly  Likes being held

What corrective measures would you typically use if your pet exhibits destructive behavior (scratching, clawing furniture, etc)? \_\_\_\_\_

How long does it take for a cat to adjust to a new home, in your experience? \_\_\_\_\_

Where do you plan to put your new cat while he/she adjusts? \_\_\_\_\_

How will you introduce your new cat to existing pets? \_\_\_\_\_

What are your thoughts on declawing? \_\_\_\_\_

What if your cat stops using the litter box? \_\_\_\_\_

How did you hear about The Catty Shack?

Catty Shack Rescue website  Petfinder  Facebook  Saw cat in the newspaper

Drove by  Other: \_\_\_\_\_

Comments: