



saving lives since 1998

POB 2128
Harrisonburg, VA 22801
Phone (540) 433-1135
catscradle@catscradle.org

Date _____
Payment \$ _____
Cash Check# _____

ADOPTION APPLICATION

Our goal is to place healthy pets into permanent and loving homes, where they will be considered a treasured member of the family for the rest of their lives. The adoption fee includes a negative Feline leukemia/FIV test, vaccines and sterilization. We will discuss the history, health and medical services your adopted cat received while in our care.

Please PRINT - especially email address and numbers, thanks!

Name of the pet you are interested in adopting: _____

YOUR NAME: _____

ADDRESS: _____ Apt: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: Home () _____ Work () _____ Fax () _____

E-MAIL (Please print clearly!) _____

If you do not own, please give the name, and telephone number of the landlord or rental agent so we may verify that pet guardianship is permitted:

Name _____ Telephone () _____

Name of Employer: _____

Number of people in household: Adults _____ Children _____

Ages of Children: _____

Will you allow this pet out-of-doors? _____ Indoors? _____

How long each day will the pet be alone? _____

Who in your family will be responsible for the pet's daily care? _____

Will you declaw this cat? _____ Where will the pet stay when you travel? _____

Do you have a veterinarian? _____ If so, please provide information below:

Name of Veterinarian/Clinic/or Hospital _____

Telephone number () _____

What method of training or correction do you prefer to use if the pet misbehaves? _____

What kind of pet behavior(s) do you feel unable to accept? _____

What would cause you to return the pet to us? _____

What will happen to the pet if you move to a location where pets are not permitted? _____

Are you prepared to provide veterinary care, including medications that can run into several hundred dollars per visit? _____

Please tell us why you want to become this animal's guardian: _____

Do you agree that pet guardianship is a lifetime commitment? _____

Are there other pets in the home? _____ If you are a guardian of a dog has he/she been exposed to cats? _____

How does your dog behave/react to cats/kittens? _____

If you have cat(s) at home, are they tested and negative for FIV and Feline Leukemia? _____

Have you or anyone in your household ever been convicted of cruelty to animals? _____

Please list all the companion animals that you have been guardian for in the past five years.

Type/Breed:	Age?	How acquired?	Sterilized?	How long in your care?	Where is he/she now?

LIST THREE (3) PERSONAL REFERENCES:

NAME	PHONE NUMBER	EMAIL

Please use this area for any comments or explanations you want to add.

I/We certify that the information provided is true. I/We understand that giving false information may result in nullifying this adoption.

Applicants' Signatures

Approved _____

Denied _____

Pending _____