

Independent Cat Society

Cat #1 _____

Cat #2 _____

Date: _____

Cat #3 _____

Cat #4 _____

Time: _____

ADOPTION APPLICATION

The Independent Cat Society commits to placing cats into loving responsible homes with adopters who will provide for the cat's lifetime needs. We strive to find the best homes for our cats and appreciate your complete honesty. ***We reserve the right to deny an adoption for any reason.*** Please complete both sides of this application by filling in and checking the appropriate answer.

First Name _____ Last Name _____ Address _____

City/St./Zip _____ Phone _____ Cell _____ Email _____

Own ___ Rent ___ Apartment ___ House ___ Mobile Home ___ Landlord's Name _____ & Phone _____

Does your lease allow cats? Y ___ N ___ If yes, how many? _____ How long at this address? _____

Previous Address _____ City/St./Zip _____ How Long? _____

Do you plan to move within 6 months? Y ___ N ___ If you EVER move, what will you do with your pet(s)? _____

Are You Retired? Y ___ N ___ If yes, former employer _____ Phone _____

Employer _____ City/St. _____ Phone _____ Position _____

How long have you worked there? _____ Supervisor's name _____ Previous employer _____

Spouse's employer _____ City/St. _____ Phone _____ Position _____

How long have you worked there? _____ If not employed or retired, list source of income _____

Have you ever adopted from ICS? Y ___ N ___ Year of adoption _____ & Cat's name _____

Do you still have this cat? Y ___ N ___ If no, why? _____

Have you ever surrendered a stray animal or pet to a shelter? Y ___ N ___ If yes, where and why? _____

Have you ever adopted from a shelter? Y ___ N ___ If yes, what shelter? _____ Year? _____

Why do you want to adopt a cat? _____ Who is it for? _____ Why do you want *this* cat? _____

How long have you been thinking of adopting a cat or kitten? Today ___ 1/2 weeks ___ 3-6 months ___ Year ___ Year or more ___

Do you plan to declaw? Y ___ N ___ Why? _____ How will you keep the cat from scratching? _____

Do you display photos of your pets at home, the office or in your wallet? Y ___ N ___ My pet is a member of the family Y ___ N ___

Please list *all* of your current and past dogs and cats or those of your parents

Name	Dog or cat?	If cat, is it declawed?	Sex	Spayed or neutered?	Indoor Outdoor	Date of Last Vaccination	Age	If deceased, age, year & cause of death	Vet

Current Vet _____ Phone _____ Name of person vet record is under _____

Previous vet _____ Under what conditions do you take your pets to vet? _____

If your pet developed a serious illness or injury that required ongoing and/or expensive care, would you:

A. _____ Treat the pet B. _____ Euthanize the pet C. _____ Return the cat to ICS D. _____ Let nature take it's course

Who will be responsible for the daily care of the cat? _____ Is anyone in your household expecting a baby? Y___N___

Does anyone in your household smoke? Y___N___ Does anyone in your family have allergies or asthma? Y___N___

If yes, how is it treated? _____ What would you do if the cat scratched or bit your child? _____

What would you do with the cat if you or a member of your family developed an allergy to it? _____

Most of the time, your household is Very Active _____ Active _____ Quiet _____ We are seldom home _____

When will the cat be allowed outside? Always _____ To go potty _____ When it wants _____ On a leash _____ Never _____

Where will you keep the cat during the day? _____ At night? _____ Will you allow it to sleep with you? Y___N___

What hours do you work? _____ How many hours a day will the cat be left alone in your home? _____

Can you care for this cat 10-20 years or more? Y___N___ If you become unable, who will care for the cat? _____

Under what circumstances will you not keep this cat? _____ Who will care for the cat when you are away? _____

LIST PEOPLE WHO LIVE WITH YOU OR VISIT YOUR HOME FREQUENTLY, BEGINING WITH YOURSELF					
Name	Relationship	Lives with you, or visits?	Age	Wants to adopt this cat?	Present today?
	SELF				

PROVIDE TWO PERSONAL REFERENCES (ONE NOT RELATED TO YOU) WHO WILL ALWAYS KNOW WHERE YOU ARE		
Name and Address	Relationship	Phone Number
1.		Home
		Work
2.		Home
		Work

I hereby authorize the release to Independent Cat Society all of my vet records for any and all animals that I have or have had. I authorize the Independent Cat Society to conduct an employment, rental and personal reference check and authorize the release of this information. I certify that the information in this application is true and understand that false information may void the application and/or adoption.

Applicant signature _____ Date of birth: _____

Drivers license state and number _____ Expiration date _____

I have interviewed this applicant and am willing to adopt a cat to the applicant pending a reference check:

Independent Cat Society Volunteer _____ Date _____ Time _____

Adoption Counselor Notes: