



Cat Adoption Application

Providence Animal Care & Control Center

Staff use only Animal Log #: _____ Cage #: _____ Sex: _____

Breed: _____ Color: _____

APPLICATION DOES NOT GUARANTEE ADOPTION Today's Date: _____

Name of Primary Caretaker/Legal Owner: _____

Age: _____ Occupation: _____

Cell Phone: _____ Work Phone: _____

Address Where Pet Will Reside: _____

City: _____ State: _____ Zip Code: _____

1. Please list everyone who will live with, care for, or frequently visit this cat(s):

Name	Gender	Age	Will live with cat?	Will visit cat?	Will care for cat?	Has met cat?

2. Please describe your living situation (please circle):

Single-family home Multi-family home Apartment Condo Duplex Dorm
Homeowner Renter Live with parents

3. How long have you lived at the address above? _____

4. Homeowner/Landlord Name: _____ **Phone:** _____
(If you rent, a notarized letter of permission for THIS specific cat is required.)

5. Do you plan to declaw this cat (please circle)? Yes No
 Unsure

Why? _____

6. Will this cat be allowed outside (please circle) Yes No
 Unsure

Only when supervised (please describe how): _____

7. Please describe your neighborhood (please circle):

Rural City Quiet Noisy Busy Street

8. What will you do if you move, or if you can no longer care for this cat?

9. Please describe all animals this cat will live with or frequently visit:

Species	Breed	Age	Gender	Spayed / neutered?	Live together?	Frequently visit?

10. Please describe any past cats you have owned:

Breed	Age	Gender	Spayed / neutered?	Years owned?	Where is cat now?

11. List any past veterinarians or veterinary clinics you took your pet to:

12. Please share any additional information you would like us to know (optional):

The information I have provided is accurate and true to the best of my knowledge, and I authorize Providence Animal Control to verify any information provided. It is my understanding that false information will result in adoption refusal. I understand Providence Animal Control may refuse any adoption.

Applicant Name (printed)

Applicant Signature

STAFF USE ONLY

Approved By: _____

Date: _____

Denied By: _____

Reason for Denial: _____

Notes: