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):

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Age</th>
<th>Will live with cat?</th>
<th>Will visit cat?</th>
<th>Will care for cat?</th>
<th>Has met cat?</th>
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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:**

<table>
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<tr>
<th>Species</th>
<th>Breed</th>
<th>Age</th>
<th>Gender</th>
<th>Spayed / neutered?</th>
<th>Live together?</th>
<th>Frequently visit?</th>
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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: