



# Cat Adoption Application

Providence Animal Care & Control Center

**STAFF USE ONLY**

Animal Log #: \_\_\_\_\_

Cage #: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Sex: \_\_\_\_\_

**APPLICATION DOES NOT GUARANTEE ADOPTION**

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	Relation	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 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 pets you have owned or cared for:

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

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

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**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**

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Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

Denied By: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Notes: