

# The Animal Center Cat Adoption Form

The Animal Center, Inc. • PO Box 475 • Newtown, CT 06470 • [info@theanimalcenter.org](mailto:info@theanimalcenter.org)

Thank you for considering adopting from The Animal Center. Your complete answers to the following questions will help us to find an animal that best matches your requirements and lifestyle. Please email this form to [info@theanimalcenter.org](mailto:info@theanimalcenter.org). If you mail the form, it may take us up to two weeks to receive.

**In order to be considered as an adopter you must** (check all that apply):

- Be 21 years of age or older     Have ID showing your present address  
 Have the consent of all adults living in the household (and landlord if renting)

Name:		Age:	Date:
Address:			
City, State, Zip:			
Home Phone:	Work Phone:	Email Address:	
Your employer:		Your occupation:	
Where do you live? <input type="checkbox"/> Own Home <input type="checkbox"/> Own Condo <input type="checkbox"/> Rented Home <input type="checkbox"/> Rented Apartment <input type="checkbox"/> Rented Condo <input type="checkbox"/> With Parents <input type="checkbox"/> With Roomates <input type="checkbox"/> Other:			
If renting, what is the name and phone number of your landlord:			
Will you move in the next few years?    If yes, what will you do with your animals?			
How many adults live in your household:		Number/Ages of children in household:	
Where did you learn about The Animal Center and our animals for adoption?			
I have had a cat before: <input type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, when: <input type="checkbox"/> Currently have cats <input type="checkbox"/> 2-10 years ago <input type="checkbox"/> 10+ years ago			
<input type="checkbox"/> I am interested in adopting a specific cat (name of cat or kitten):			
<input type="checkbox"/> I am interested in adopting any cat or kitten who is (check all that apply):			
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> No Preference			
Age: <input type="checkbox"/> Kitten <input type="checkbox"/> Young Cat <input type="checkbox"/> Adult <input type="checkbox"/> Senior <input type="checkbox"/> No Preference			
Coat: <input type="checkbox"/> Short <input type="checkbox"/> Long <input type="checkbox"/> Medium <input type="checkbox"/> No Preference			
Color: <input type="checkbox"/> I want this color cat only: _____ <input type="checkbox"/> Any color but _____ <input type="checkbox"/> No Preference			
I am looking for (check any that apply): <input type="checkbox"/> Low maintenance—as little grooming as possible			
<input type="checkbox"/> I don't mind grooming my cat daily <input type="checkbox"/> I don't mind the month cost of professional grooming			
My cat needs to be good with <input type="checkbox"/> Kids < 4 yrs. <input type="checkbox"/> Kids <16 yrs. <input type="checkbox"/> Elderly <input type="checkbox"/> Cats <input type="checkbox"/> Dogs <input type="checkbox"/> Other (specify)			
Please check any of the following that might be a concern with a cat in your home:			
<input type="checkbox"/> Litterbox training <input type="checkbox"/> Hyperactivity <input type="checkbox"/> Household destruction scratching/clawing <input type="checkbox"/> Nail Clipping			
<input type="checkbox"/> Climbing on counters <input type="checkbox"/> Play biting <input type="checkbox"/> Nocturnal behavior <input type="checkbox"/> Urine Marking <input type="checkbox"/> Other: _____			
My cat will primarily be: <input type="checkbox"/> Family Companion <input type="checkbox"/> Companion to other animal <input type="checkbox"/> Barn Cat/Mouser <input type="checkbox"/> Other:			
Home Atmosphere: <input type="checkbox"/> Grand Central Station <input type="checkbox"/> Some activity <input type="checkbox"/> Quiet and Peaceful			
Do you or does anyone living in your household have any known allergies to animals?			
How many hours will your cat spend outside per day?			
Where will the animal be kept during the day?		At night?	When left alone?
My cat needs to be able to be alone: <input type="checkbox"/> <4 hours or less per day <input type="checkbox"/> 8-10 hours per day <input type="checkbox"/> 12+ hours per day			
Are you planning to declaw your cat? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe, if:			
How much money do you think you'll spend yearly for the care of your cat?			
Name and phone number of your veterinarian (including the one you plan to use for this animal):			

Please list the animals you've had in the past five years:

Animal's Name	Type (dog or cat)	Current Age	Spayed/Neutered?	Indoor, Outdoor or Both	Declawed?	Vet Name and Phone #

I hereby affirm that I have answered the above questions truthfully and to the best of my knowledge. I give my permission for The Animal Center to contact the landlord and veterinarian I have provided, and I give my permission for these references to release any information they deem relevant to the adoption of an animal from The Animal Center.  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_