## **ADOPTION APPLICATION**

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\*To be considered, application must be *completely* filled out (including any spousal/partner info on Pg1)

Name of Cat(s) Requested:

PERSONAL INFORMATION:	PERSONAL INFORMATION:		
Name:Age:	Name:Age:		
Address:	Address:		
Apt#: City/State/Zip:	Apt#:City/State/Zip:		
Home#:Cell#:	Home#:Cell#:		
Email:	Email:		
EMPLOYER:	EMPLOYER:		
Occupation/Title:	Occupation/Title:		
Phone#:Contact:	Phone#:Contact:		
Address:	Address:		
City/State/Zip:	City/State/Zip:		
How long with this Company:Years Months	How long with this Company: Years Months		
How long have you lived at this address?	How long have you lived at this address?		
Secondary Residence:	_ City/State/Zip:		
Do you own or rent your current residence? Own	n Rent		
If renting, when does your lease expire? Month:	/ear: Does your lease permit pets?Yes No		
Name of Landlord or Renting Agent:Phone#:			
Are you adopting for yourself of someone else?			
Do you know cats can live 15-20 years? Yes	_ No		
Why are you adopting a cat at this point and time?			
Do you have screens on your windows?YesDo you have a terrace?YesIf yes, does it have a screen door?YesDo you have a backyard?Yes	_ No Is it enclosed? Yes No _ No		

Where did you learn about us? Petfinder Adopt-A	-Pet.com	RescueMe.org Other					
Does your current job require extensive travel?	Yes No						
If at current job 2 years or less, who was your previou	s Employer?						
Address:	ddress: Phone#:						
What arrangements will you make for the care of your pet(s) while you are away on business or vacation?							
PERSONAL REFERENCE:							
Name:Phone#:		Relationship:					
Address:							
Who would you give your pet(s) to if you could no long	ger keep him/	'her?					
Name:Phone#:		Relationship:					
Address:	City/State	City/State/Zip:					
PERSONAL:							
Do you have others living in your home? Yes No							
What is their relationship to you? (Child, Parent, Partr	ner, Roomate)	)					
Name:	Age:	Relationship:					
Name:	Age:	Relationship:					
Name:	Age:	Relationship:					
Name:	Age:	Relationship:					
Does anyone in your family have allergies to animals? Yes No							
If yes, how will you handle an animal entering your home?							
ADOPTION HISTORY:							
Have you had pets before? Yes No If yes,	please specify	y: Dog(s): Cat(s): Other:					
If other, please specify:							
If yes, how many years did you have this pet(s)? Year(s):		Months:					
Where is the pet now?							
If the pet was given away, wny?							
Who did you give the pet to?							
Are there any other animals in your home now? Yes No If yes, describe: (Dog, Cat, Hamster, etc.)							

## **ADOPTION HISTORY (continued):**

How Many? Dogs:Names/Ag	es:		Male/Female:	
How Many? Cats:Names/Ag	es:		Male/Female:	
Are they spayed or neutered? Yes Were your prior pets spayed/neutered?		_All Some		
Have you adopted from a Rescue Orga	anization or Shelter	in the past?	Yes No If yes, when?	
Name of Organization:		•	•	
PREFERENCES:				
Would you prefer a Declawed cat?	Yes No Do	o you need a ca	at to catch mice?YesNo	
Will you Declaw (permanently remove cla Yes, Front Paws Only	••••	•	•	
Pet will be kept: Indoors Only	Outdoors Only	Indoors	and Outdoors	
What type of food does/did your cat ea	t?			
What will you give new cat? Dry Only	Canned Only _	Both	Other:	
Do you want a cat that can travel well i Do you want a cat that will sleep in bec	n a car? J with you?	Yes No Yes No		
Describe what type of personality traits	s you want in a cat:			
Do you currently have a Veterinarian?	Yes No			
Name:	Name of Pet:		Phone#:	
Address:		City/State/Zip:		
If not currently, who is the Veterinarian	you've used in the	past?		
Name:	Name of Pet:		Phone#:	
Address:	(	City/State/Zip:		
I certify that all of the above information COALITION to contact those listed abo and it is later discovered that I have fal voice and I must return the cat/kitten(s)	ove. I understand th sified any information	hat if I adopt a c on on this Appli	cat/kitten from the NYC Cat Coalition	
In order to be considered as an adopte	Pr		ge or Older tion showing your present address dge and consent of your Landlord	
Signature 1:		Date:		
Signature 2:		Date:		
Diagon wature completed englisht				

Please return completed application via email to <u>nycatcoal@yahoo.com</u> or Fax to (718) 671-1695 For additional comments, use Page 4 **Additional Comments:**