



POB 2128
Harrisonburg, VA 22801
Phone (540) 433-1135
catscradle@catscradleva.org

Date _____
Payment \$ _____
Cash Check# _____

ADOPTION APPLICATION

Our goal is to place healthy pets into permanent and loving homes, where they will be considered a treasured member of the family for the rest of their lives. The adoption fee includes a negative Feline leukemia/FIV test, vaccines and sterilization. We will discuss the history, health and medical services your adopted cat received while in our care.

Please PRINT – especially email address and numbers, thanks!

Name of the pet you are interested in adopting: _____

YOUR NAME: _____

ADDRESS: _____ Apt: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: Home () _____ Work () _____ Fax () _____

E-MAIL (Please print clearly!) _____

If you do not own, please give the name, and telephone number of the landlord or rental agent so we may verify that pet guardianship is permitted:

Name _____ Telephone () _____

Name of Employer: _____

Number of people in household: Adults _____ Children _____

Ages of Children: _____

Will you allow this pet out-of-doors? _____ Indoors? _____

How long each day will the pet be alone? _____

Who in your family will be responsible for the pet's daily care? _____

Will you declaw this cat? _____ Where will the pet stay when you travel? _____

Do you have a veterinarian? _____ If so, please provide information below:

Name of Veterinarian/Clinic/or Hospital _____

Telephone number () _____

What method of training or correction do you prefer to use if the pet misbehaves? _____

What kind of pet behavior(s) do you feel unable to accept? _____

What would cause you to return the pet to us? _____

What will happen to the pet if you move to a location where pets are not permitted? _____

Are you prepared to provide veterinary care, including medications that can run into several hundred dollars per visit?

Please tell us why you want to become this animal's guardian: _____

Do you agree that pet guardianship is a lifetime commitment? _____

Are there other pets in the home? _____ If you are a guardian of a dog has he/she been exposed to cats?

How does your dog behave/react to cats/kittens? _____

If you have cat(s) at home, are they tested and negative for FIV and Feline Leukemia?

Have you or anyone in your household ever been convicted of cruelty to animals?

Please list all the companion animals that you have been guardian for in the past five years.

Type/Breed:	Age?	How acquired?	Sterilized?	How long in your care?	Where is he/she now?

LIST THREE (3) PERSONAL REFERENCES:

NAME	PHONE NUMBER	EMAIL

Please use this area for any comments or explanations you want to add.

I/We certify that the information provided is true. I/We understand that giving false information may result in nullifying this adoption.

Applicants' Signatures

Approved _____

Denied _____

Pending _____