

**YOU GOTTA LOVE THEM, INC.**

**Adoption Application**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you lived in this location? \_\_\_\_\_

Any plans to move:

Yes

No

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ How long? \_\_\_\_\_

Email: \_\_\_\_\_

Which cat are you interested in adopting? \_\_\_\_\_

Who will be the primary caregiver? \_\_\_\_\_

Reason for wanting this cat? \_\_\_\_\_

My veterinarian is: \_\_\_\_\_ Address: \_\_\_\_\_

I live in a:

House

Condo

Townhouse

Apartment

Mobile Home

Own

Rent

If you are renting, have you checked with your landlord to be sure pets are allowed and that you have a pet deposit? \_\_\_\_\_ Landlord's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Please list members and ages of your household:

\_\_\_\_\_

Do you or any members of your household have allergies to cats? \_\_\_\_\_ If yes, how do you plan to cope with allergies? \_\_\_\_\_

Have you owned a cat before? \_\_\_\_\_

Other pets and ages living with you:

\_\_\_\_\_

Are your current pets up-to-date on their shots, spayed or neutered?

Yes

No

Are you financially able and willing to provide annual check-ups, vaccinations and any medical care necessary?

Yes

No

Are you planning on declawing?

Yes

No

Not Sure

Where will this pet sleep at night? \_\_\_\_\_

What do you plan on feeding this pet?  
\_\_\_\_\_

What will you do if your cat stops using the litter box?  
\_\_\_\_\_

If a behavioral problem should arise, what steps will you take to work on it?  
\_\_\_\_\_

Where will the cat be kept?

Indoors only

Outdoors only

Both in/out

How many hours will the pet be unattended? \_\_\_\_\_

If you move, what will you do with this cat? \_\_\_\_\_

How many tall cat trees do you have? \_\_\_\_\_ How many pet drinking fountains? \_\_\_\_\_.

Cats in our care receive the highest quality medical attention, nutrition and emotional support prior to adoptions. Please state your donation amount to help defray our costs associated with rescuing animals in need:\_\_\_\_\_. Thank you for considering to adopt from our non-profit 501(c)(3) rescue organization which is ran by 100% unpaid volunteers. Your donation will allow us to continue giving high-quality care to our fosters and help even more animals in future.

Many factors determine which applicant will be matched with a particular pet. If you are not approved for this particular pet today, it does not mean that you are not considered a good pet owner or that your home is not acceptable. Our goal is to place all animals into homes that will best suit their individual needs. Please ask for clarification if you have any questions.

All applicants are subject to a home check to ensure the safety of the animal.

I have completed this application truthfully and fully understand the adoption process.

Signature: \_\_\_\_\_

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