

Cats Exclusive, Inc.

Cat/Kitten Name _____

Cat/Kitten Number: _____

ADOPTION APPLICATION

Please answer the following questions as completely as possible so that we can help you select the right pet for you:

Applicant's Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Email: _____

Employer Name & Address: _____

How long at present address? _____ Rent or Own? _____ If you rent, are pets allowed? _____

Landlord's Name & Phone # _____

Name & phone number of your veterinarian: _____

Have you had pets before? _____ Where are those pets now? _____

If you moved locally or out of state would you keep this adopted pet? _____

Do you have other animals? _____ If "yes", please indicate:

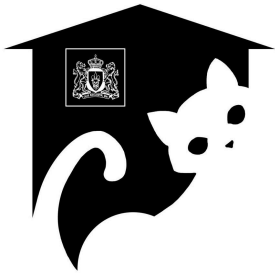
<u>Type</u>	<u>Name</u>	<u>Approximate Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are your pets indoor or outdoor pets? _____ Current on vaccines? Yes ____ No ____

Will your new cat/kitten be kept indoors? _____

Ages of children in your household: _____

Have you ever cared for a pet with chronic illness or special needs, such as diabetes, allergies, chronic diarrhea, feline AIDS, etc.? _____ Would you be willing to do so? _____



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Under what circumstances would you give up ownership of your pet(s)? _____

Under what circumstances would you put your pet to sleep? _____

Would you ever consider declawing your pet? _____

Are you willing to spend whatever is necessary for the health and well-being of your pet(s)? _____

Does your spouse (or significant other) who lives with you agree with your adoption of this cat? _____

Please give three personal references (not related to you):

(1) Name: _____ Telephone: _____

Address: _____

(2) Name: _____ Telephone: _____

Address: _____

(3) Name: _____ Telephone: _____

Address: _____

APPLICANT'S SIGNATURE: _____

PRINTED NAME: _____ DATE: _____

CATS EXCLUSIVE, INC.

By: _____

Phone #: _____