

ANIMAL ADOPTION CENTER  
CAT ADOPTION APPLICATION

---

**FOR OFFICE USE ONLY**

DATE: \_\_\_\_\_  
ANIMAL NAME: \_\_\_\_\_  
BREED: \_\_\_\_\_  
AGE: \_\_\_\_\_  
PREVIOUS LOCATION: \_\_\_\_\_

---

*Please fill out this form as completely and honestly as possible. Our goal is to make sure we are adopting out the best match for you. We want you and your new friend to be happy together for the rest of your lives!*

Name \_\_\_\_\_ Age \_\_\_\_\_  
Name of Spouse or Significant  
Other \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Physical Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone Number \_\_\_\_\_  
Work Phone  
Number(s) \_\_\_\_\_  
Cellular Phone  
Number(s) \_\_\_\_\_  
Email Address \_\_\_\_\_

Your  
Occupation(s) \_\_\_\_\_  
Place(s) of  
Work \_\_\_\_\_  
Hours at work/ week \_\_\_\_\_

**HOUSING**

\_\_\_ OWN  
\_\_\_ RENT (Landlord Name and Phone Number \_\_\_\_\_)  
\_\_\_ House  
\_\_\_ Apartment/Condo/Townhouse  
HOW MANY TIMES HAVE YOU MOVED IN THE LAST 5 YEARS? \_\_\_\_\_  
NUMBER OF ADULTS LIVING IN YOUR HOME \_\_\_\_\_  
NUMBER OF CHILDREN IN YOUR HOME (please indicate ages) \_\_\_\_\_  
NUMBER OF PETS IN YOUR HOME (please indicate type of animal) \_\_\_\_\_  
DO YOU HAVE A FENCED IN YARD? if so, what kind and how tall? \_\_\_\_\_  
DOES ANYONE IN YOUR HOME HAVE ANY SERIOUS HEALTH PROBLEMS? (if so,  
what are they?) \_\_\_\_\_  
DOES ANYONE IN YOUR HOME HAVE ANY ALLERGIES? (if so, what are they allergic  
to?) \_\_\_\_\_  
DOES ANYONE IN YOUR HOME SMOKE? \_\_\_\_\_

CURRENT OR PAST VETERINARIAN AND PHONE NUMBER \_\_\_\_\_  
NAME(S) OF CURRENT OR PAST PETS SEEN AT THIS VET \_\_\_\_\_

WHAT HAPPENED TO YOUR PAST PETS? (please explain the cause of death or why you had to give them up) \_\_\_\_\_

HAVE YOU EVER SURRENDERED A PET TO A SHELTER? \_\_\_\_\_

WERE/ ARE YOUR PETS SPAYED OR NEUTERED? \_\_\_\_\_

WERE/ ARE YOUR PETS INDOORS OR OUTDOORS? \_\_\_\_\_

WHAT IN YOUR MIND WOULD JUSTIFY GIVING UP A PET? (please circle all that apply)

moving	new baby	divorce	not getting along with other pets
getting out of fence	behavioral problems		children lost interest
it got too big			
too time consuming	shedding	allergies	house breaking problems
medical problems	aggressive	other _____	

IF YOU ARE UNABLE TO KEEP YOUR CAT FOR ANY REASON, WILL YOU RETURN THE CAT TO US OR NOTIFY US?

\_\_\_\_\_  
(if you are 60 years of age or older, we ask that you or a family member contact us if you are unable to care for a pet adopted from our center)

WHY WOULD YOU LIKE TO ADOPT A NEW PET? \_\_\_\_\_

IF YOU DO ADOPT FROM US, MAY WE VISIT YOU AND YOUR NEW PET IN YOUR HOME BY

APPOINTMENT? \_\_\_\_\_

CAN YOU PROVIDE THIS PET WITH A HOME FOR THE NEXT 10-20 YEARS? \_\_\_\_\_

WHERE WILL THIS PET SLEEP AT NIGHT? \_\_\_\_\_

IF YOU HAVE TO MOVE YOUR HOME IN THIS TIME, WHAT WILL YOU DO WITH YOUR PET? \_\_\_\_\_

WOULD YOU CONSIDER MOVING ANYWHERE THAT DOES NOT ALLOW PETS? \_\_\_\_\_

DO YOU AGREE TO HAVE A YEARLY EXAM AND VACCINATIONS PERFORMED BY A VETERINARIAN? \_\_\_\_\_

DO YOU AGREE TO GIVE THIS PET FOOD AND WATER, SHELTER, GROOMING, AND ANY NEEDED HEALTH CARE? \_\_\_\_\_

I accept the animal as is and assume all risks of its ownership, including the risk of injury or damage caused by the animal (such as animal bites). On behalf of myself, my heirs, personal representatives and assigns, I hereby release, discharge, indemnify and hold harmless the Animal Adoption Center of Jackson, Wyoming and its directors, officers, employees, and agents from any and all claims, causes of action and demands of any nature, whether known or unknown, arising out of or in connection with my adoption.

By signing below I am attesting to the truthfulness of my answers. Falsification of any of the above information will be grounds for disallowing the adoption of an Animal Adoption Center animal and possible removal of an adopted animal from my home and fines up to \$150.00. Applicant must be 18 years of age or older. The Animal Adoption Center reserves the right to refuse any applicant.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

---

**FOR OFFICE USE ONLY**

Interviewer:

Date Interviewed:

Paid:

Landlord Called:

Sent home with:

food toy medical paperwork adoption packet spay/neuter certificate  
borrowed items\_\_\_\_\_

Notes:

New Parents Called: