

Cat(s) of Interest:						
Applicant Information Name:					Date of Birth:	
Street Address:				Cell Phone:		
City:		State:		Zip:	Home Phone:	
Email (please write clearly):						
Household Information How long have you lived at your address?						
Do you own or rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent *If Rent, Landlord Name:				Phone:		
Do you plan on moving soon? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, When?				Where?		
How many adults live in your home?		Age(s) of adults?		Does anyone in your home have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure		
How many children live in your home?		Age(s) of children?				
What is the activity/noise level in your home? <input type="checkbox"/> Calm/Quiet <input type="checkbox"/> Moderate <input type="checkbox"/> Active/Loud						
Pet Information Have you adopted from us previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Who? When?						
Provide information for pets you own or have owned in the last 5 years (Use back of this paper if needed or for notes about a pet):						
Pet Name	Type	Age	Gender	Spayed/Neutered	Declawed	Do you still own this pet?
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No *If No, Reason:
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No *If No, Reason:
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No *If No, Reason:
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No *If No, Reason:
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No *If No, Reason:
Veterinarian Name:				Phone:		
Personal Reference Name:			Relationship:		Phone:	
Cat Preferences Reason(s) for wanting a cat: <input type="checkbox"/> Companion <input type="checkbox"/> For Children <input type="checkbox"/> Mouser <input type="checkbox"/> Gift <input type="checkbox"/> Other:						
What are you looking for in a cat? (check all that apply) <input type="checkbox"/> Playful <input type="checkbox"/> Lap Cat <input type="checkbox"/> Enjoys being held <input type="checkbox"/> Gets into everything <input type="checkbox"/> Sidekick <input type="checkbox"/> Interacts with guests that visit my home <input type="checkbox"/> Adjusts to new situations quickly <input type="checkbox"/> Independent <input type="checkbox"/> Other:						
Have you lived with a cat before? <input type="checkbox"/> Yes <input type="checkbox"/> No			How many hours will this cat be alone each day?			
Will this cat go outside? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes			Are you considering having this cat surgically declawed? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Maybe			
All known medical conditions will be shared with adopter and veterinary records provided on day of adoption. Are you aware that even though cats are up to date on vaccines, some cats have an unknown medical background? <input type="checkbox"/> Yes <input type="checkbox"/> No						
🐾 If you are approved, if for any reason you are no longer able to keep the cat, the cat MUST be returned to The Cat's Meow Rescue. 🐾						
✕ Signature:				Date:		
<i>Thank you for your application to adopt a cat through The Cat's Meow, partner of PetSmart Charities. We will review your application, call your references and contact you within 3 business days.</i>						
Rescue Use Adoption Volunteer:				PURRRfect Match:		
Volunteer Notes:						