



# Marin Cat Connection Cat Adoption Application

Date \_\_\_\_\_

**(Please Print)**

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

Street Address: \_\_\_\_\_

City & Zip code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cat's Name(s) \_\_\_\_\_

Driver's Lic. # \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name and phone of a friend/relative who does not live with you: \_\_\_\_\_

Name of your veterinarian: \_\_\_\_\_ Address: \_\_\_\_\_

Type of housing:       Own House       Own Condo       Rent House  
                                  Rent Apt       Rent Mobile Home       Military Housing

If you rent, what is your landlord's name? \_\_\_\_\_ Phone # \_\_\_\_\_

How long at present address? \_\_\_\_\_ Years \_\_\_\_\_ Months

How many adults in household? \_\_\_\_\_ Children \_\_\_\_\_ Ages \_\_\_\_\_ Allergies \_\_\_\_\_

Do you or anyone in your household smoke?  Yes  No

Who will be responsible for the cat's care? \_\_\_\_\_

CURRENT PETS: Please include all pets, including small caged and barnyard animals.

Type of Pet	Age	Sex	Spayed/Neutered	Kept In/Out	How long owned?

PET HISTORY: List pets owned in the past 5 years (other than those above)

Type of Pet	Spayed/Neutered	Kept In/Out	How long owned?	What happened to pet?

Reason for wanting a cat?       House Pet       Mouser       Company for other pet  
                                  Companion       Gift

Additional reasons: \_\_\_\_\_

Type of cat preferred: \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Do you plan to declaw the cat? \_\_\_\_\_

Length of time during the day the cat will be left alone: \_\_\_\_\_

When away on an extended trip, what have you planned for your cat's care? \_\_\_\_\_

Where will the cat be kept during the day? \_\_\_\_\_ At night? \_\_\_\_\_

What do you consider an acceptable reason for giving up a cat? \_\_\_\_\_

Do you have screens on your windows? \_\_\_\_\_

Will you allow follow-up visits to your house by a representative from the Marin Cat Connection? Y / N

I hereby authorize to release to the Marin Cat Connection all veterinary records on any and all animals I own or have owned. I certify that all the information in the application is true and I understand that false information may void the application.

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