



**OC Animal League
Cat Adoption Application**

Name: _____ Date: _____

Address: _____ Home Phone No. _____

Work Phone No. _____

Email Address: _____ Cell Phone No. _____

Occupation: _____ Employer: _____ Yrs There: _____

Name of cat/kitten that you are interested in: _____

Breed/Type: _____ Sex: Male Female No Preference Age: _____

Coat length: Short Med. Long No Preference

Energy Level Preference: Low(lap cat) Medium High (very playful)

How long have you been looking for a cat?: _____

Reason for Adopting: Family Companion Companion for my pet For child

Mouser Other (please specify) : _____

Experience with Pets: First time pet owner Have had a couple

Have had many pets

Is this pet a gift?: Yes No

Do you live in a: Home Condo Apt. Military Live with Parents Other

How long at this residence: ___ Yrs ___ Months

Do you: Rent Own

If you rent, your Landlords Name & phone no. _____

Do you have any roommates?: Yes No If yes, how many & ages: _____

Would you object to a home inspection by OC ANIMAL LEAGUE?: Yes No

In your home: No. of adults: _____ No. of Children: _____ If yes, ages: _____

Is anyone in your home allergic to animals?: Yes No

If so, how will you handle it?: _____

Where do you plan on keeping your cat: Indoor/Outdoor Indoor Only Outdoor only

Will your cat have access to a doggy door, garage, or balcony?: Yes No

When you go on vacation who will take care of your cat?: House Sitter Kennel

Friend/Relative Other _____

How many hours will your cat be alone?: _____

Do you plan to declaw this cat?: Yes No

(If you don't know what declaw means, ask OC Animal League for an explanation before answering)

In what situation would you consider giving up this cat (please specify)?: _____

If you pet had a behavioral problem, what would you do?: Ask Vet Take to Shelter

Call Trainer Train Yourself Call OCAL Give Away Other: _____

What would happen to the cat if you were to move?: _____

Please list your current vet's name and phone no.: _____

What would you do if your cat required expensive veterinary care? How much would you spend?: _____

Please list two personal references that we can contact (No relatives please):

Reference 1:

Name: _____ Phone No.: _____

Relationship: _____ Yrs Known: _____

Reference 2:

Name: _____ Phone No.: _____

Relationship: _____ Yrs Known: _____

Current Pets in your home:

Breed/Type of Pet	Age	Sex	Spayed/Neutered	Indoors or Outdoors	How Long Owned

Past Pets in your home:

Breed/Type of Pet	Age	Sex	Spayed/Neutered	Indoor or Outdoor	How Long Owned

As evidenced by my signature below, I attest that the answers that I have given in this document are true and factual to the best of knowledge and that I have not misrepresented myself in any way. I understand that the completion of this application does not guarantee me the adoption of an OC ANIMAL LEAGUE cat and that OC ANIMAL LEAGUE has the right to decline my application for adoption for any reason.

Signature

Date

DO NOT WRITE BELOW THIS LINE

Approved: Yes [] No [] Signature of Desk Lead: _____

Comments: _____

