

Tennessee Barn Cat Placement Agreement

Kitty City, Inc.

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COMPANION ANIMAL ADOPTION APPLICATION

Please fill in blanks and check all applicable boxes. **Incomplete** applications **will not** be processed.

Name of animal(s) you wish to adopt: _____ Date: _____

Applicant: _____ Age: _____ Occupation: _____

Co-Applicant: _____ Age: _____

Occupation: _____

Address: _____

City: _____

Phone: _____ Alternate Phone: _____

Email: _____

PLEASE FILL IN BLANKS AND/OR CHECK ALL THAT APPLY:

- Number of adults in household: _____
- Who will be the primary caregiver for pet? _____

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- Do you have any health issues that could affect your ability to care for a companion pet? _____
- Can you provide a permanent home (average 15 years) for a companion pet?

- What major lifestyle changes do you anticipate in the next 15 years?

- Do all members of the household have experience with cats?

- Do you own your home?

- If renting, have you paid pet deposit? yes no
- Length of time at this address: _____ Do you plan to move in the next year?

If yes, please

explain: _____

- Does any member of your family have pet allergies? ____
- Are there any smokers in your home? ____
- How many children live in or visit your home? __ Please list ages:

- If there are others living in your home, how do they feel about bringing a new cat into the household?

- Have you had a cat/kitten before? _____
- If yes, do you still have him/her? _____
- If not, why (please be specific)?

- Why do you want a cat/kitten?

TELL US ABOUT OTHER COMPANION ANIMALS IN YOUR HOME:

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Cats/kittens (for each, please complete the following):

1) Name: _____

Approximate age: _____

2) Name: _____

Approximate age: _____

Dogs/puppies (for each, please complete the following):

1) Name: ____ male female spayed neutered unaltered

Approximate age: _____ mainly indoor mainly outdoor Breed:

Gets along well with cats yes no don't know

2) Name: _____ male female spayed neutered unaltered

Approximate age: _____ mainly indoor mainly outdoor Breed:

Gets along well with cats yes no don't know

Please list any other animals living in your home:

PLEASE FILL IN BLANKS AND/OR CHECK ALL THAT APPLY:

- Any cat or kitten I adopt will live

- I would prefer to leave claws

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- Where do you plan to locate the litter box

- Food/water
bowls? _____
- How will you address a cat's need to sharpen its
claws? _____
- What would you do if your cat stopped using the litter box?

- Have you ever had a pet with behavioral problems?

- If yes, how did you handle it?

- If your cat is injured, develops a chronic illness or has a serious medical problem,
what will you do?

- Has a cat died in your home of feline distemper, FELV, FIV, FIP or unknown cause in
the last 3 months?

- Have you ever given up a pet? _____
- If yes, what did you do with it?

- Under what circumstances would you give up a pet?

- What would you do with a pet you had to give up?

- How much do you expect to spend annually for pet care (including veterinary care,
food, litter, etc.?)

- Name, address and phone number of your veterinarian:

- Would you agree to allow one of our staff to visit your home? _____

Please list two personal references (not related to you):

1) Name: _____ Relationship: _____

Phone: _____

2) Name: _____ Relationship: _____

Phone: _____

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Thank you for considering adoption of a rescue animal. Please note that although we strive to find loving homes for all of our furry friends, we do reserve the right to decline any application. In the event that we don't feel that your home would be the right fit, we'll be happy to try to help you connect with another group that may have a foster that is better suited to your home.

I attest that the above information is accurate:

Signed: _____

Date: _____

Witness: _____ **Date:**

Your application is now complete. Please return it for processing. Please be patient, as this may take a few days.