



**Animals for Life, Inc.  
195 Rubber Avenue  
P.O. Box 1481  
Naugatuck, CT 06770  
203-267-6777**

## **Adoption Application Form—Feline**

(Subject to Approval) This is the first step in our Adoption process. Please answer all questions. All submitted forms are judged on a case-by-case basis. If your application is accepted, an Animals for Life adoption coordinator will contact you. We receive multiple applications for each animal to allow us to find the best placement. If you do not receive a call within 10 days, please assume your application was not accepted. Please answer all questions. Incomplete applications will not be considered.

**You MUST be 21 years of age or older to apply for adoption.**

**Please fax completed forms to: 203-663-3926  
Or scan and email them to: [contact@animalsforlife.org](mailto:contact@animalsforlife.org)**

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

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Cat(s) You're Applying for: \_\_\_\_\_

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

City: \_\_\_\_\_ State & Zip Code: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_

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

Do you live in: House \_\_\_\_ Apt/Condo \_\_\_\_ Other (Please specify.) \_\_\_\_\_

Do you: Rent \_\_\_\_\_ Own \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

If you rent, do you have your landlord's permission to have this cat(s)? Yes \_\_\_\_ No \_\_\_\_

Contact info for Landlord/Management Company:

\_\_\_\_\_  
\_\_\_\_\_

Are you adopting for yourself, or someone else? \_\_\_\_\_

Why do you want this cat? (Please check all that apply.)

Companion \_\_\_\_ Companion for other pet \_\_\_\_ Mouser \_\_\_\_ Office cat \_\_\_\_

How many adults live in your home? \_\_\_\_\_ How many children? \_\_\_\_\_

What is the age range of children living in and/or visiting your home? \_\_\_\_\_

Have all household adults agreed to adopt this pet? \_\_\_\_\_

How would you describe your household? Active \_\_\_\_ Noisy \_\_\_\_ Average \_\_\_\_ Quiet \_\_\_\_

What kind of cat would you like to adopt? \_\_\_\_\_

Age Range: \_\_\_\_\_ Sex: \_\_\_\_\_ Coat length: \_\_\_\_\_

I prefer a cat that would like to live: Indoors \_\_\_\_ Outdoors \_\_\_\_ Indoor/Outdoor \_\_\_\_

Will your cat have access to a litter pan(s)? \_\_\_\_\_

Where will it be kept? \_\_\_\_\_

Under what circumstances would you consider declawing your cat?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who will be responsible for most of your cat's care? \_\_\_\_\_

What is your current occupation? \_\_\_\_\_

Approximately how many hours per day will the cat be alone? \_\_\_\_\_

Does your job require extensive travel? \_\_\_\_\_

Who will care for your pet if you go on vacation/travel? \_\_\_\_\_

What arrangements will you make for the care of your pets in case of an emergency, or if you become unable to care for him/her?

\_\_\_\_\_

If you move, will you take the cat with you? \_\_\_\_\_

Do you have secure/intact screens on your windows? \_\_\_\_\_

Do the exterior doors of your home have intact screen doors or storm doors? \_\_\_\_\_

Are there any specific behaviors that would cause you to give up your pet? These may include litter box training issues, scratching furniture, nipping/biting, etc. Please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you were to encounter these behavior problems, what steps would you take to correct the behavior?

\_\_\_\_\_

\_\_\_\_\_

What steps would you take to prevent your new cat/kitten from scratching inappropriately in the home?

\_\_\_\_\_

\_\_\_\_\_

Do any of your family members have allergies to cats? Yes \_\_\_\_ No \_\_\_\_ Unsure \_\_\_\_

Have you thought about what you would do with the pet if someone in your family became allergic?

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Do you currently have any pets? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, how many? Cats \_\_\_\_\_ Dogs \_\_\_\_\_ Other \_\_\_\_\_

Please list pets you have owned in the last 10 years. Include whether current or past / species / age / length of time owned. If you no longer have the pet, please tell us what happened to them.

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### REFERENCES

Please list information about current or past veterinary hospitals that have treated your pets:

Name of Veterinary Hospital #1: \_\_\_\_\_

Town & State: \_\_\_\_\_ Phone #: \_\_\_\_\_

Pets treated by this vet: \_\_\_\_\_

How long has she/he treated your pets? \_\_\_\_\_

Name of Veterinary Hospital #2: \_\_\_\_\_

Town & State: \_\_\_\_\_ Phone #: \_\_\_\_\_

Pets treated by this vet: \_\_\_\_\_

How long has she/he treated your pets? \_\_\_\_\_

Would you be willing to have your veterinary information released to us? Yes \_\_\_ No \_\_\_

**IMPORTANT NOTE:** If you answered yes to the question above, please be sure that you call the veterinary hospital(s) you have listed to give Animals for Life, Inc. permission to speak with your vet(s).

**If you have not owned a pet in the past 10 years,** please list two personal references that are not related to you, and whom you have known at least two years. Please let these references know that an Animals for Life representative will be contacting them.

Reference 1: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship: \_\_\_\_\_ Years known \_\_\_\_\_

Reference 2: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship: \_\_\_\_\_ Years known \_\_\_\_\_

Will you allow a representative of Animals for Life, Inc. to conduct a home visit prior to adoption? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you allow a representative of Animals for Life, Inc. to conduct a home visit after the final adoption? Yes \_\_\_\_\_ No \_\_\_\_\_

*Please be advised, Animals for Life, Inc. is committed to the animals we place – we have a follow-up program that requires us to check on the animal following adoption. Please keep us advised of any changes to your contact information.*

Have you ever convicted of or arrested for a felony or misdemeanor associated with animal abuse, neglect, or abandonment? Yes \_\_\_\_\_ No \_\_\_\_\_

My signature below hereby certifies that all of the information above is true and correct:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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