



# Tazzy Animal Rescue Fund

## Cat Adoption Application

Name of Cat you are applying for:

Name of Second Choice Cat

Name of Third Choice Cat

Companion

Why do you want to adopt this cat?  
*(Check all that applies)*

Companion for another pet

House Pet

Mouser

### PERSONAL AND HOUSEHOLD INFORMATION

Applicant Name:

Date of Birth:

Co-Applicant (if applicable)

Date of Birth:

Street Address:

City, State, Zip:

Email Address

Home Phone

Cell Phone

What is your occupation?

How long have you been at your current job?

Employer:

Work Phone:

Work Address:

Work City, State, Zip:

Who shares your household?  
*(Check all that applies)*

Spouse

Significant Other

Children

Roommate

Live Alone

If you have children, what are their ages?

If your present relationship were to change, with whom will the cat remain?

At what age do you feel children are responsible enough to care for a cat without assistance *(ie feed, change litter, etc.)*?

Does anyone in your household have allergies to animals? Yes      No

If Yes, how will this be managed??

Are you planning on moving in the next 12 months? Yes      No

Is so, where??

What type of home do you live in?

House      Townhouse / Condo  
 Duplex / Triplex      Other  
 Apartment  
 If other, explain::

Do you own or rent? Own      Rent      Live with Parents

If you rent, do you have written permission to have animals in your home? Yes      No

Name:

If you rent, please provide your landlord's name and phone numberr

Phone:

Do all your windows have screens and are in good condition? Yes      No

What percentage of time will the cat be outdoors, and why??

What percentage of time will the cat be indoors and why?

Do you have any poisons (rat, mouse, or snail bait) where the animal will be kept? Yes      No

Is someone home during the day? Yes      No      If yes, who?

PET CARE AND OWNERSHIP

Which rooms, if any, are off limits to cats?

Where will the litter box be placed? Please be specific:

Where will the cat be kept during the day?

Where will the cat be kept during the night?

Have you ever bred a cat? Yes No

If Yes, why?

Do you plan on declawing the cat? Yes No

Have you ever declawed a cat before? Yes No

If the cat clawed the furniture, what would you do?

What type of food will you feed your cat? Dry Canned Dry and Canned  
Raw

How many times per day will you feed your cat??

Who will be responsible for feeding your cat?

Would this be your first pet? Yes No

Do you currently have any pets? Yes No

If Yes, please provide the following information:

Current Pet 1::

Type of Pet (Dog, Cat, Bird, etc.)

Breed

Age

Gender Male Female

Neutered/Spayed Yes No

Current on Vaccinations Yes No

Declawed (if cat) Yes No

How do you feel this pet will  
adjust to a new animal?

Current Pet 2:

Type of Pet (Dog, Cat, Bird, etc.)

Breed

Age

Gender Male Female

Neutered/Spayed Yes No

Current on Vaccinations	Yes	No
Declawed (if cat)	Yes	No
How do you feel this pet will adjust to a new animal?		

Current Pet 3:

Type of Pet (Dog, Cat, Bird, etc.)		
Breed		
Age		
Gender	Male	Female
Neutered/Spayed	Yes	No
Current on Vaccinations	Yes	No
Declawed (if cat)	Yes	No
How do you feel this pet will adjust to a new animal?		

Current Pet 4:

Type of Pet (Dog, Cat, Bird, etc.)		
Breed		
Age		
Gender	Male	Female
Neutered/Spayed	Yes	No
Current on Vaccinations	Yes	No
Declawed (if cat)	Yes	No
How do you feel this pet will adjust to a new animal?		

Have you owned any pets in the past?	Yes	No
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If Yes, please provide the following information:

Past Pet 1:

Type of Pet (Dog, Cat, Bird, etc.)		
Breed		
Age		
Gender	Male	Female
Neutered/Spayed	Yes	No
Declawed (if cat)	Yes	No
How long did you own this pet?		
What happened to this pet?		
If died, please explain:		

Past Pet 2:

Type of Pet (Dog, Cat, Bird, etc.)

Breed

Age

Gender Male      Female

Neutered/Spayed Yes      No

Declawed (if cat) Yes      No

How long did you own this pet?

What happened to this pet?

If died, please explain:

Past Pet 3:

Type of Pet (Dog, Cat, Bird, etc.)

Breed

Age

Gender Male      Female

Neutered/Spayed Yes      No

Declawed (if cat) Yes      No

How long did you own this pet?

What happened to this pet?

If died, please explain:

Past Pet 4:

Type of Pet (Dog, Cat, Bird, etc.)

Breed

Age

Gender Male      Female

Neutered/Spayed Yes      No

Declawed (if cat) Yes      No

How long did you own this pet?

What happened to this pet?

If died, please explain:

Which of the following would force you to give up your cat?

*(Check all that applies)*

- Divorce / Separation
- Move where pets are not allowed
- Cat hisses at strangers
- Marry someone with allergies
- Cat develops chronic illness
- Cat is untrainable
- Planning on having a baby
- Cat doesn't get along with current pet
- Other: Explain
- Move out of State
- Cat meows a lot
- Cat bites or scratches children
- Cat loses control of bladder
- Large Vet bills
- Cat is not the kind of cat I thought it would be
- Just gave birth to a baby
- Cat Claws Furniture
- Would never give up a pet

Do you plan on taking your cat to a veterinarian for annual exams?

Yes No

If Not, Why?

Do you currently have a veterinarian?

Yes No

Name:

If Yes, please provide us with your vet/clinic's Name and Phone Number

Phone:

Are you prepared to cover any vet expenses you pet may incur throughout it's lifetime?

Yes No

Is there a limit?

Yes No

How much is too much?

Would you consider euthanizing your pet because of medical costs?

Yes No

Clean them myself

What do you think is the best way to keep your animal's teeth clean?

Never thought about it

*(Check all that applies)*

Have a professional clean them

It's not necessary

Flea Spray

Flea Bath

Flea Collar

Which of the following would you use for flea control?

*(Check all that applies)*

Herbal Flea Collar

Flea Busters

Flea Comb

Program, Advantage or Frontline

What is a behavior that would not be acceptable to you?

Swat nose

Spank with hand

Spank fanny with newspaper

What method of discipline will you use if your cat claws your furniture?

**(Check all that applies)**

Stern voice

Scruffing

Other: Explain

If you become ill or die, what plans will you make for the care of your pet?

Please provide us with 2 personal references:

Personal Reference 1 Name and Phone

Name:

Phone:

Personal Reference 2 Name and Phone

Name:

Phone:

Are you willing to have a representative from Tazzy Animal Rescue Fund come to see where the pet will be living?

Yes No

If no, why?

How did you hear about Tazzy Animal Rescue Fund?

Have you applied to adopt an animal from us in the past?

Yes No

Have you applied to adopt an animal from another rescue group?

Yes No

If so, what happened?

Would you like to be added to our mailing list?

Yes No

Do you have any comments or additional information that you feel is necessary in consideration for adopting this cat?

**I understand that filling out this application does not guarantee the adoption from Tazzy Animal Rescue Fund. I certify that all of the above information is honest and true.**

X \_\_\_\_\_  
Signature

X \_\_\_\_\_  
Printed Name

X \_\_\_\_\_  
Date