



ARK Animal Rescue Krew

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Cat Adoption Form

Name(s): _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Total # of adults in the home: _____

Are there children in the home or that visit frequently? Yes No

Total # of children: _____ Ages of children: _____

I want to adopt a cat for: Myself Family in the same home Someone else A Surprise/Gift

Are you 18 years old or older?

Yes No

Do you live with your parent/guardian?

Yes No

Are you a student?

Yes No

If yes, please list their name(s) and phone number: _____

If yes, what will you do with the animal after you are done with school? _____

Who will be responsible for the care and well-being of the cat? _____

Does anyone in the household have an allergy to cats? Yes No

If yes, how would you cope with adding this cat to your family? _____

If yes, does your landlord/ rental agency allow pets? Yes No

Please list your landlord's name and phone number: _____

Do you consent to a home check before adoption? Yes No

Animal History Questionnaire

Do you or have you ever owned a cat before?

Yes, I currently own a cat _____

Yes, I have owned a cat before _____

No, I have not owned a cat before _____

Please list all the pets you currently own, stating their species (cat/dog/ etc.), age, gender and if they are spayed or neutered: _____

Have any of your past or present pets ever had a litter of puppies/kittens?

Yes

No

Is your current animal(s)
up to date on vaccinations?

Do you have a veterinarian clinic you currently use? Yes

No

Yes No

Name and phone number of Veterinarian Clinic: _____

Clients Signature: