Best Friends Sanctuary

P.O. Box 1038
Jamestown, TN 38556
931-879-8196

Cat Adoption Application

Name:_____

Driver's license number:_____

Street address:_____

City/State/Zip:_____

Home Phone: _____ Cell:_____ Work:_____

Email:_____

Employer:_____

How long at current job:_____

Provide **two references** that are not members of your immediate family:

Personal reference #1:_____ Phone:_____

Relationship: _____ Years known:_____

Personal reference #2:_____ Phone:_____

Relationship: _____ Years known:_____

About Your Home...

Do you live in a(n)?:

- ☐ House
- ☐ Townhouse
- ☐ Apartment/Condo
- ☐ Other:_____

Your home is:

- ☐ Owned, by you or your spouse/life partner
- ☐ Owned, by someone else within the home
- ☐ Rented directly from the owner or through a management company
- ☐ Rented as a part of a group of roommates
- ☐ Other:_____

If renting, is your name on the lease? ☐ YES ☐ NO_____

If renting, do you have your landlord's permission to have a cat?_____

Landlord's name and phone:_____

Who shares your household?

☐ Spouse/Life Partner ☐ Roommate(s) #_____

☐ Boyfriend/Girlfriend ☐ Other:_____

Are there children in the home? ☐ YES ☐ NO

If yes, how many?_____ How old?_____

At what age do you feel children are responsible enough to take care of a pet without assistance? (i.e. walk, feed, train) _____

If your present relationship/living situation were to change and you were no longer able to care for the cat, a new application must be submitted and approved in order to transfer ownership.

INITIAL:_____

Do you plan to move soon? _____

Does anyone in your household have an allergy to cats that you are aware of?

☐ YES ☐ NO

Is someone home during the day? ☐ YES ☐ NO Who?_____

How many hours will your cat be alone every day?_____

Where will your cat spend most of his/her day **when you are home**?

☐ indoors ☐ garage

☐ yard ☐ enclosed patio

☐ indoor/outdoor ☐ other:_____

☐ additional info:_____

Where will the cat stay **when he/she is home alone**?

☐ indoors/outdoor

☐ indoor only (specify):

☐ run of the house ☐ crate ☐ specific room(s):_____

☐ outside only (specify):

☐ yard ☐ garage ☐ enclosed patio ☐ other:_____

☐ additional info:_____

When will the cat be inside?_____

When will the cat be outside?_____

Where will the cat **sleep at night**?

☐ indoors/outdoor

☐ indoor only (specify):

☐ run of the house ☐ crate ☐ specific room(s):_____

☐ outside only (specify):

☐ yard ☐ garage ☐ enclosed patio

☐ cat house ☐ other:_____

What room are off limits?_____

Your Experience with Cats...

How would you describe your cat-owning experience?

I have had cats on my own as an adult

I grew up with cats or have worked with them, but have not had my own as an adult

I have never had one or have limited experience with cats

Other:_____

How many cats have you owned **in the past 5 years**?_____

What happened to those cat(s)?_____

_____

Do you currently have pets? ☐ YES ☐ NO **If yes,** please fill out the table below:

Type	**Breed**	**Gender**	**Age**	**Spayed/Neutered** **If no**, why?
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO

How do you feel your current pets will adjust to a new cat in the house?_____

_____

_____

Have you had any experience with behavioral or medical issues with your previous or current pets? ☐ YES ☐ NO **If yes**, please describe:_____

_____

_____

If there are children in your home, please describe their experience with cats:_____

_____

_____

Additional Information...

If your cat got out/was lost, what would you do?_____

Pets are an investment of your time and money. Can you afford to provide medical care, grooming, proper diet, and shelter? ☐ YES ☐ NO

Other concerns: _____

Are you able to make a long-term commitment to care for your pet for its entire life span, which could be as long as 15 years or more? ☐ YES ☐ NO

Other concerns: _____

Who is your veterinarian (name and phone): _____

_____

If you do not currently have a vet, would you like a referral? ☐ YES, please

If you move, what will you do with your cat?_____

Which of the following reasons might force you to give up your cat? (Check all that apply)

- ☐ destructive behavior
- ☐ biting/aggression
- ☐ divorce/separation
- ☐ allergies
- ☐ not trainable
- ☐ moving/relocating
- ☐ house-training problems
- ☐ financial problems
- ☐ excessive vet bills/chronic illness
- ☐ new spouse/partner doesn't like cats
- ☐ pets aren't getting along
- ☐ none of the above
- ☐ other:_____

Additional comments about why you would like to adopt this particular cat:

_____

_____

_____

_____

Anything else you would like to share with us?

_____

_____

_____

And finally...

Please read and initial each statement below:

_____I understand that a home visit is required prior to final placement

_____I understand that a home visit does not guarantee placement

_____I agree to provide my own collar, leash, and personal ID tag at the time of completing the adoption contract.

We reserve the right to refuse adoption to any applicant for any reason. This questionnaire becomes part of our contract.

End of Application