



CATHEADS KITTY RESCUE, INC.
ADOPTION APPLICATION

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

Male Female Kitten Adult Cat Description: _____

Where did you hear about us? Website Petfinder Facebook Store Referral

Applicant Name: _____ Are you over 21? _____

Street: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Employer: _____ Occupation: _____

How long have you been at your present address? _____

Are you planning to move in the next six months? Yes No

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

Do you: Own Rent Live w/ Parent(s) House Apartment Mobile Home Other

If you rent, please list landlord's name and phone number _____

Are there any restrictions on the type of animal that can live in your development?

Yes (explain) _____ No Not Certain

How many adults are in your household? _____ Children? _____ Ages: _____

Does any member of your family have any allergies to animals? Yes No

If an allergy develops, what will you do with your new pet? _____

Describe the companion animals you **currently care** for or that are living in your household:

Name	Breed	Age	Spay/Neutered?	Kept Where?	Time owned

Describe the companion animals you've had in the past 3 years that you no longer care for:

Name	Breed	Age	Spay/Neutered?	Kept Where?	Time owned	Reason no longer owned

References (Not living with applicant):

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Veterinarian Information:

Name: _____ Phone: _____

Where will your cat(s) be kept? Indoor only Outdoor only Both in/out

Do you plan to declaw your cat/kitten? Yes No

APPLICANT'S SIGNATURE: _____

To the best of my knowledge, the information provided on this form is accurate. I understand that submission of this form is not a guarantee of adoption and that all adoption fees are non-refundable and considered a donation.



CatHeads Kitty Rescue, Inc.

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www.catheadskittyrescue.org

Microchip # _____