

CAT ADOPTION APPLICATION

Our Companions Domestic Animal Sanctuary (860) 242-9999

Our Companions is a nonprofit organization that provides services to assists pet owners re-home their pets. Our goal is to prevent animals from ending up in shelters. Please note: The pet you are applying for may not be legally owned by Our Companions and the adoption may be subject to the owner's discretion. Our Companions role is often to assist with the adoption between two private parties. The below adoption application is designed to help us best select the most appropriate and compatible home for the pet. We ask that you fill out both sides of this application completely and return it to your case counselor. We thank you.

PLEASE PRINT		APPLICANT INFORMATION		
Last Name		First	Middle	Date of Application
Home Address				
City			State	Zip Code
Home Phone Number ()		Your Occupation		Business Phone ()
Name of additional responsible adult in household		Occupation		Business Phone ()

Check ✓		HOUSEHOLD INFORMATION		
<input type="checkbox"/> Rent	<input type="checkbox"/> House	<input type="checkbox"/> Apartment	<input type="checkbox"/> Condo	
<input type="checkbox"/> Own	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Other (explain) _____		
Landlord's Name			Landlord's Phone Number ()	
How many adults in your household?		Children?	Ages of children:	
Are any members of your household allergic to animals? <input type="checkbox"/> Yes <input type="checkbox"/> No				

OTHER PETS					
List pets that you own, or have owned, in the past 5 years:					
Type of Animal	Name	Age	Sex	Spayed or Neutered ?	Still own? (if no please explain)
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have all of your cats been tested for feline leukemia? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have any of your cats been declawed? <input type="checkbox"/> Yes <input type="checkbox"/> No					

VETERINARIAN INFORMATION		
Name of your Veterinarian		Name of clinic or hospital
City	State	Phone Number ()

PERSONAL REFERENCES		
Reference #1 - Name	Address	Phone Number ()
Reference #2 - Name	Address	Phone Number ()

👉 PLEASE COMPLETE REVERSE SIDE OF FORM 👈

PLEASE BE SPECIFIC WHEN ANSWERING THE FOLLOWING QUESTIONS.

How many hours per day will the cat be without human companionship? _____ hrs
and where will the cat be kept during this time? _____

Do you understand why we require that our adopted cats to be spayed or neutered? Yes No

How much would you estimate expenses to be for 1 year? Supplies \$ _____ Vet \$ _____

Who is the cat for? Self Family Child Gift

Purpose for the cat? Companion Companion for another pet Hunting
 Other (explain) _____

Please explain why you want to adopt a cat. _____

Do you have any other questions or concerns? _____

How did you hear about Our Companions Domestic Animal Sanctuary? _____

The following will be discussed when you are contacted:

- | | | | |
|--|---|---|-----------------------------------|
| <input type="checkbox"/> Adoption Donation | <input type="checkbox"/> Identification | <input type="checkbox"/> Adjustment to new home | <input type="checkbox"/> Exercise |
| <input type="checkbox"/> Litter Box Training | <input type="checkbox"/> Feeding | <input type="checkbox"/> Health / Veterinary Care | |
| <input type="checkbox"/> Behavior Problems | <input type="checkbox"/> Declawing | | |

The day you take home a new pet is the day you begin a very special friendship. While you'll have many years together, your companion will never outgrow his/her need for you. We will happily provide information and advice to you on pet care and responsibility.

Mail completed application to:

**Our Companions Domestic Animal Sanctuary
P.O. Box 673
Bloomfield, CT 06002
Fax: (860) 242-9999**

Thank you for taking the time to complete this application.