



Dedicated to the Rescue of Homeless Kittens and Cats
Stafford, VA 22556 • meowstories@gmail.com • 540-270-9141 • www.meowstories.org

ADOPTION APPLICATION

We retain the right to refuse adoption to anyone for any reason. Applications will be rejected if the information provided in them is found to be false. Meow Stories reserves the right to not release the reason for denial. Meow Stories reserves the right to request a home visit prior to adoption.

Adoption Location: Offsite \_\_\_\_\_ Name of cat(s) you wish to adopt: \_\_\_\_\_

What type of cat do you desire? (check all that apply) [ ] Male [ ] Female [ ] Either [ ] Kitten [ ] Adult
[ ] Companion for yourself or family member [ ] Companion for other pet(s) [ ] Special needs cat
Desired temperament/personality: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/Partner's Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Your occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Spouse/Partner's occupation : \_\_\_\_\_ Employer: \_\_\_\_\_

Applicant's drivers license number and state: \_\_\_\_\_

List all members of your household:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Has each family member or roommate agreed to allow a cat in the household? [ ] Yes [ ] No

What pets do you currently have in your household? (List below -- use back of paper for more than three current pets).

Table with 6 columns: Pet's Name, Kind, Age, Neutered, Kept Where, Time Owned. Contains 3 rows of pet information.

Pets owned in the last five years, that are not currently in your household:

Table with 7 columns: Pet's Name, Kind, Age, Neutered, Kept Where, Time Owned, If pet died, how?. Contains 3 rows of pet information.



How long have you been at your present address? \_\_\_\_\_

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

Would your cat(s) go with you if you moved?  Yes  No  Not Certain

Are you on active military duty or other job subject to relocation?  Yes  No

What would happen to your cat(s) if you were relocated? \_\_\_\_\_

Do you  Rent  Own  Apartment  House  Mobile Home  Other \_\_\_\_\_

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

Who will be your cat(s) primary caretaker?  Adult  Teenager  Child

Who will be financially responsible for this cat(s)? \_\_\_\_\_

If your family changed (marriage, divorce, new baby), would you keep your cat(s)  Yes  No  Not Certain

If an allergy developed, are you willing to take steps to keep your cat(s)  Yes  No  Not Certain

Your new cat may take two months to adjust to his/her new home. Are you willing to allow this much time for the adjustment?  Yes  No If not, why? \_\_\_\_\_

How will you help your current cat(s) adjust to your new pet(s)? \_\_\_\_\_

Name and phone number of personal reference \_\_\_\_\_

Name/address/phone number of your veterinary hospital \_\_\_\_\_

May we call to verify vaccinations and spay/neuter status?  Yes  No

If this is your first cat, what veterinarian are you planning to use? \_\_\_\_\_

What emergency veterinary hospital do/would you use? \_\_\_\_\_

Are you aware that the average annual veterinary expense for a cat is between \$100-\$300?  Yes  No

Are you willing to provide annual vaccinations and any medical care necessary?  Yes  No  Depends on cost

Where will you keep your cat(s) during the day? \_\_\_\_\_ At night? \_\_\_\_\_

Where will your cat(s) sleep? \_\_\_\_\_ Eat? \_\_\_\_\_

Where will you keep the litter box? \_\_\_\_\_ How long will your pet spend alone each day? \_\_\_\_\_

Will you let your cat(s) outside?  Yes  No **If yes,**  Attended  Unattended

Will you declaw your cat/kitten?  Yes  No  Not Certain

If your cat begins scratching in places you prefer him not to touch, how will you handle the problem? \_\_\_\_\_

If your cat is not using his litter box, what would you do? \_\_\_\_\_

How will you care for your cat(s) when you travel, go on vacation, or in case of emergency requiring your extended absence? \_\_\_\_\_

By signing this form, I/we acknowledge that all information on this form is true and correct. I/we understand that any misrepresentation of fact may result in Meow Stories refusing adoption privileges to me/us. If my/our request is approved and later Meow Stories discovers the above information is not true or correct, I/we agree that Meow Stories has the legal right to remove the cat from my home and find him/her a suitable home.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_