



Dedicated to TNR & the Rescue of Local Homeless Kittens and Cats
P.O. Box 8361, Fredericksburg, VA 22404 • 703-864-1355 • 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: _____ 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: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

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. Rows 1-3.

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?. Rows 1-3.

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: _____

Staff Use Only Applicant Interviewed by: _____ Information verified by: _____