

YOLO COUNTY ANIMAL SERVICES
Cat Adoption Application

AS# _____
Landlord Approval _____
Animal Tested _____
Kids To Meet _____

Name _____ Address _____

City _____ Zip _____

Phone Number: Home _____ Work _____ Cell _____

Email _____

What Characteristics are you looking for in a cat? _____

This Pet will be:

A companion () For children () Company for other pets () A mouser ()

A gift () For _____ Other () _____

What type of place do you live in? House () Apartment () Condo () Other () _____

If you live in an apartment, what is the name of your complex? _____

You: Own () Rent () Other () _____

If you rent do you have permission from your landlord to have pets? Yes () No ()

Landlord's Name _____ Phone number _____

What is your normal work schedule? _____

- Where do you plan for your cat to live? - Indoors only ()
- In and Out – cat door/by request ()
- Outdoors only ()
- Other ()

During the day the cat will be: Indoors () Outdoors () Both ()

At night the cat will be: indoor () outdoor () both ()

When left alone the cat will be: indoor () outdoor () both ()

How many hours will the cat be left alone daily? _____

How many people are in your household?

Adults _____ Children _____ Ages of the children _____

Who will be primarily responsible for the animal? _____

Is anyone in the household allergic to animals? Yes () No () Unknown ()

How long do you consider an appropriate adjustment period for a cat? _____

Are you considering declawing? _____

Would you be interested in information regarding alternatives to declawing? _____

What would you do if the animal became destructive? _____

What behavior/event would cause you to return this cat? _____

Have you ever adopted from an animal shelter? Yes () No () When? _____

Have you ever turned an animal into a shelter? Yes () No () When? _____

If yes, please give circumstances: _____

Please list all current pets and pets previously owned within the last year

| Type/Breed | Age | Sex | Altered ? | Length Owned | Where is the animal now? |
|------------|-----|-----|-----------|--------------|--------------------------|
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I hereby certify that the information provided above is true and understand that if any information is proven false all agreements or contracts made by Yolo County Animal Services may be subject to cancellation.

Adopter's Signature _____ Date _____

Shelter Representative _____ Date _____

Application: Approval _____ Declined _____

Staff Comments: _____
