




# C.A.T.S.

Cat Adoption Team Services

**C.A.T.S.**  
 6 Glenn Avenue  
 Riverside, RI 02916  
 401 433-1946  
 catadoptionteam@aol.com  
 www.catadoptionri.org

## APPLICATION

Bringing home a cat or a kitten is a lifetime commitment and responsibility. C.A.T.S. goal is to match our available cats and kittens with loving individuals and families that can provide a quality, permanent home and that are well suited to meeting the animal's individual needs. We are happy that you are interested in giving a home to the cats or kittens. In order to ensure that you and your new cats or kittens will be well suited to each other please read and answer each question carefully. Please be advised that C.A.T.S. is a private rescue organization and reserves the right to deny your application for any reason. To begin the process, answer ALL the following questions completely. Then you may submit your application via e-mail or by regular mail to the address shown above. Please note that all information provide on your application will be verified by a C.A.T.S. volunteer.

 \*\*\*PLEASE ANSWER ALL QUESTIONS TO THE BEST OF YOUR ABILITY. PLEASE, DO NOT CHANGE OR DELETE ANY QUESTIONS ON THIS APPLICATION. IF A QUESTION DOES NOT APPLY, PLEASE USE N/A

### Contact Information

Full Name: \_\_\_\_\_ AGE: \_\_\_\_\_ CELL PHONE # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Street Address (no P.O. Boxes): \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work E-mail: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Household Information

Do you own your own home, rent or live with your parent? \_\_\_\_\_

Landlord or Parents name and phone number \_\_\_\_\_

# of yrs/months at this address \_\_\_\_\_

Prior Address & # of years at prior address \_\_\_\_\_

How many children in the home? Ages of children if applicable How many adults in the home? \_\_\_\_\_

Name(s) of other Adults in the house \_\_\_\_\_

Does anyone in your home suffer from allergies? If so, to what? \_\_\_\_\_

Have you applied to adopt a cat/kitten to any other shelter or rescue in the past 3 months? If so where did you apply and was your application approved? \_\_\_\_\_

**Pet Information**

Name and Phone Number of your Vet \_\_\_\_\_

Please be sure to call your vet and tell them we will be calling. If we cannot do a vet check then there cannot be an adoption - List all pets owned in the past 5 years, most recent first:

Name	Age	Breed	Spayed or Neutered?	Declawed?	Inside, Outside or Both	Where is pet now if deceased When?

If you no longer have a pet, please describe what happened. Please be specific. This is very important - do not skip.

\_\_\_\_\_  
\_\_\_\_\_

So, that we may be able to accommodate you, which cat or kitten are you interested in adopting? Please put the name here. \_\_\_\_\_

Please describe the type of cat/kitten that you feel would be ideal for your household:

\_\_\_\_\_

Is this cat or kitten, that you are applying for is for you, a friend or a family member? \_\_\_\_\_

Will this kitten/cat be inside, outside or both? \_\_\_\_\_

If you were to lose your home or be forced to move, would you give up your pet if you could not find a place that let you bring your animals with you? What would you do?

\_\_\_\_\_

If you were to move to the country, (Foster, Gloucester, Rehoboth, live near the woods) under what conditions would you allow this cat to go outside? \_\_\_\_\_

Have you ever surrendered an animal to a shelter or rescue group or given up ownership to a friend, family or neighbor? If yes, what were the circumstances? \_\_\_\_\_

Under what conditions would you consider surrendering the cat/kitten you are applying to adopt?

\_\_\_\_\_

Which household member(s) will be responsible for caring the cat/kitten?

\_\_\_\_\_

Under what conditions would you consider de-clawing this cat/kitten?

\_\_\_\_\_

Why do you want to adopt this animal? (CIRCLE ALL THAT APPLY)

COMPANIONSHIP FOR YOU      GIFT FOR SOMEONE      COMPANIONSHIP FOR CURRENT PET OR CHILDREN

OTHER (explain) \_\_\_\_\_

What steps do you plan to take to assure harmony between this cat/kitten and any existing household pets?

How important is good nutrition/food to you for your pet? \_\_\_\_\_

If you have a pet at this time what is the name of the food you are feeding? \_\_\_\_\_

Since your Cat/Kitten can live to be 20 years old, are you prepared to make a 20 year, lifelong commitment to this cat/kitten? \_\_\_\_\_

Are you aware that rabies shots are mandatory by every state? \_\_\_\_\_

It's the Law - no matter what state you live in.

Are you aware that Distemperis is an air born disease and is usually always fatal? \_\_\_\_\_

Distemper is always completely preventable by making sure you cat/kittens gets their distemper shot as recommended by your vet.

IF YOU HAVE OTHER PETS, what do you feel is a reasonable adjustment period for your cat/kitten to adapt to their new home? \_\_\_\_\_

If you have other pets, cats or dogs, what steps are you planning to insure the safety of your new Cat/Kitten?

How much money, per month or per year, would you say is an acceptable/necessary amount to feed, vet costs, or in general, care for this cat/kitten? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Please read the following carefully before signing:

I have read and understand the questions on the application and recognize that any false, deceptive or missing information may be cause to void the application. I also understand that C.A.T.S. is a private organization and may reject my application if it feels it will be in the best interest of the animal. I give my permission to C.A.T.S. to verify all information on the application and to visit my residence, if necessary, before finalizing the placement. I also understand that the animal I am applying for may have been abandoned, surrendered, born outside or removed from a shelter and therefore C.A.T.S. may have limited information regarding the animal's background. However, all cats and kittens have been fully vetted and comply with all State Laws. I agree to provide the animal with all shelter and veterinary care as required by Rhode Island and/or Massachusetts state law. I understand, and by signing the application, hereby agree, that information obtained on this application may be shared with other animal organizations or companies that are animal related. I certify that I am at least 21 years of age. I understand that I will be required to provide a minimum donation of \$225.00 upon adoption. This fee helps to off-set costs of your cat/kittens vet check, vaccinations, spay/neuter, deworming, and Felv/FIV test. By signing below, or submitting this form via e-mail I certify the truth and completeness of all information I have supplied.

Signature of Applicant:

Date