



www.mollysmuttsandmeows.org
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CAT ADOPTION APPLICATION

Instructions: Please read this CAT application, fill in the blanks, sign it, and return it to **Molly's Mutts & Meows**. The information you provide in this application and during our interview will help us find a good match for you.

--Please Print--

- NAME: _____
- NAME OF CAT YOU ARE INTERESTED IN ADOPTING: _____
- SPOUSE / PARTNER / ROOMMATE: _____
- ADDRESS: _____
- CITY, STATE AND ZIP: _____
- HOME PHONE: _____ CELL OR ALT. CONTACT # _____
- YOUR AGE: _____ EMAIL ADDRESS: _____

PLEASE LIST TWO PERSONAL REFERENCES AND THEIR RELATIONSHIP TO YOU-

- REFERENCE ONE NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ PHONE: _____
- REFERENCE TWO NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ PHONE: _____

YOUR VETERINARIAN-

- NAME: _____
- ADDRESS: _____ CITY: _____ STATE _____
- PHONE: _____

PLEASE DESCRIBE THE KIND OF CAT YOU ARE INTERESTED IN ADOPTING-

- AGE: _____ SEX: _____ REASON FOR SEX PREFERENCE: _____
- BREED/MIX: (see below for breed specific questions) _____ SIZE: _____
- COLORING: _____ TEMPERAMENT: _____

- WHY DO YOU WANT A CAT/KITTEN ? _____
- CAN YOU COMMIT TO CARE FOR THE CAT FOR ITS WHOLE LIFE? _____
- WHY DO YOU LIKE THE BREED/MIX YOU ARE INTERESTED IN? _____
- HAVE YOU OWNED THIS BREED/MIX BEFORE? _____

STERILIZATION-

- IF THE CAT YOU WANT TO ADOPT IS NOT YET STERILIZED, YOU AGREE IT MUST BE STERILIZED EITHER BEFORE OR SHORTLY AFTER YOU ADOPT IT: AGREED _____

YOUR DOGS-

- HOW MANY DOGS DO YOU HAVE: _____ BREED/MIX _____ AGES _____
- IF NONE, HAVE YOU OWNED ANY DOGS IN THE LAST 10 YEARS: _____
- WHAT HAPPENED TO THEM? _____
- WERE ANY OF YOUR DOGS: (PLEASE CHECK ALL THAT APPLY)
BOUGHT FROM A BREEDER? _____ BOUGHT FROM A STORE? _____ INHERITED? _____
ADOPTED FROM SHELTER? _____ FOUND STRAY? _____ OTHER? _____
- DO YOU HAVE A DOGGIE DOOR? _____
- DO YOUR DOGS HAVE ANY BEHAVIORAL PROBLEMS? _____
- HOW DO THEY BEHAVE AROUND CATS? _____
- HAVE THEY LIVED WITH CATS BEFORE? _____ ARE THEY STERILIZED? _____

YOUR CHILDREN-

DO YOU HAVE CHILDREN? _____ NUMBER _____ AGES _____
HAVE THEY HAD CATS? _____ WAS IT SUCCESSFUL? _____

YOUR CATS-

HOW MANY CATS DO YOU HAVE? _____ AGES: _____ STERILIZED? _____
IF NONE, HAVE YOU OWNED ANY CATS IN THE PAST 10 YEARS? YES _____ NO _____
WHAT HAPPENED TO THEM? _____
WERE ANY OF YOUR CATS:
BOUGHT FROM A BREEDER? _____ BOUGHT FROM A STORE? _____
ADOPTED FROM SHELTER? _____ INHERITED? _____ FOUND STRAY? _____
DO YOUR CATS HAVE ANY PHYSICAL PROBLEMS? _____
ANY BEHAVIOR PROBLEMS? _____
DO THEY GET ALONG WITH OTHER CATS? _____ ARE THEY DECLAWED? _____

OTHER PETS-

PLEASE DESCRIBE: _____

YOUR HOME-

- NUMBER OF ADULTS: _____ DO YOU OWN OR RENT? ____ OWN ____ RENT
IF RENTING, DO YOU HAVE PERMISSION FROM YOUR LANDLORD TO HAVE A CAT? _____
- LANDLORDS NAME: _____ LANDLORDS PHONE # _____
- IS IT A:
TOWNHOME _____ DUPLEX _____ APARTMENT _____ MOBILE HOME _____
SINGLE FAMILY HOME _____ OTHER _____
- ARE ALL OF YOUR WINDOWS (THAT OPEN) SCREENED SHUT? _____
- HOW WILL YOUR NEW CAT SPEND ITS DAYS (PLEASE CHECK ALL THAT APPLY):
INDOORS WITH FULL RUN OF THE HOUSE _____ CRATED _____ GARAGE _____ PORCH _____
LOCKED IN ROOM _____ FENCED YARD _____ LOOSE/UNFENCED _____ TIED OUTSIDE _____
KENNEL RUN _____ YOUR BEDROOM _____ KITCHEN _____ OTHER _____
- HOW WILL YOUR NEW CAT SPEND ITS NIGHTS (PLEASE CHECK ALL THAT APPLY):
INDOORS WITH FULL RUN OF THE HOUSE _____ CRATED _____ GARAGE _____ PORCH _____
LOCKED IN ROOM _____ FENCED YARD _____ LOOSE/UNFENCED _____ TIED OUTSIDE _____
KENNEL RUN _____ YOUR BEDROOM _____ KITCHEN _____ OTHER _____
- HOW MANY HOURS A DAY WILL YOUR CAT BE HOME ALONE: _____
- HAVE YOU EVER SURRENDERED A PET TO A SHELTER OR A RESCUE GROUP, AND IF YES,
WHY? _____
- WHO WILL CARE FOR THE CAT IN THE EVENT THAT SOMETHING HAPPENED TO YOU OR YOU COULD NO
LONGER CARE FOR YOUR PETS? _____
- WHEN YOU GO ON VACATION, WHO WILL CARE FOR THE CAT? (FRIEND, KENNEL, CAT
SITTER, ETC?) _____
- ARE YOU MOVING OR TRAVELING IN THE NEXT 12 MONTHS? PLEASE EXPLAIN: _____

- PETS ARE AN INVESTMENT OF YOUR TIME AND MONEY INCLUDING, BUT NOT LIMITED TO—MEDICAL CARE, GROOMING, PROPER DIET, TRAINING AND EXERCISE FOR YOUR NEW PET. HOW MUCH ARE YOU PREPARED TO SPEND ON YOUR PET IN A YEAR? _____

- IS THERE ANYTHING ELSE YOU WOULD LIKE TO TELL US? WE LOVE TO KNOW ABOUT YOU AS IT HELPS US PLACE OUR ANIMALS IN LOVING, FOREVER HOMES. FEEL FREE TO GIVE US YOUR LIFE STORY!

HOME VISIT: YOU AGREE TO ALLOW US TO VISIT YOUR HOME BY APPOINTMENT AS PART OF OUR APPLICATION PROCESS.

APPLICANT INFORMATION: ALL OF THE INFORMATION I/WE PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT. IF ANY OF THE INFORMATION CHANGES, I WILL ADVISE YOU PROMPTLY.

DATE: _____ SIGNATURE: _____

SPOUSE/PARTNER/ROOMMATE SIGNATURE: _____