



CAT ADOPTION APPLICATION

Completion of this application does not guarantee placement of an animal with the applicant. SOAR animals are assessed for placement with the home that best fits the animal's needs.

NAME (First, Middle, Last): _____ **DATE OF BIRTH:** _____

ADDRESS (Physical): _____ **STATE:** _____

TOWN: _____ **ZIP CODE:** _____ **EMAIL ADDRESS:** _____

HOME PHONE#: _____ **CELL PHONE #:** _____

MAILING ADDRESS (If different): _____

SPOUSE/PARTNER(S) NAME: _____

MY CURRENT LIVING ARRANGEMENTS ARE:

- I own my own home: House, Condo, Duplex, Mobile/land, Mobile in Park
- Live with home owner: Do they know you are getting a pet? Yes ___ No ___
- Rent: Apartment, House, Condo, Duplex, Mobile Home, Dorm
Name of Landlord and Phone #: _____

PLEASE LIST ALL THE PETS YOU CURRENTLY OWN OR HAVE OWNED IN THE LAST FIVE YEARS:

NAME	BREED/TYPE	AGE	SEX	SPAYED/ NEUTERED	STILL OWN	KEPT WHERE	IF NO, WHAT HAPPENED TO THIS PET

Name of your current Veterinarian or Clinic: _____

Does anyone in your family have allergies to animals? _____

Have you ever brought an animal(s) to an animal shelter: Yes ___ No ___ Why? _____

Are you looking for an Indoor only, Indoor/Outdoor, Mouser or Barn Cat? _____

Do you plan on declawing your cat? Yes ___ No ___

How many children in the home? _____ Their ages: _____

I am 21 years of age. I certify that the information given is true. I authorize SOAR to contact veterinarian(s) and landlord(s) to investigate all statements in this application and to do follow-up property checks. I have read and understand the SOAR Adoption process:

Signature: _____ Date: _____

Follow up by SOAR only:

SOAR USE ONLY:

Date: _____ ID: _____

Adoption Counselor: _____

Landlord Approval: _____

Vet Records Check: _____

Approved Date: _____

DNP: Not on DNP ___ on DNP ___