



# Cats in Need – Whittier PetSmart

## Adoption Application

Please email the completed application to [catsinneedwhittierpetsmart@gmail.com](mailto:catsinneedwhittierpetsmart@gmail.com) or text a picture of the front and back sides to 562.347.5005 or bring to the CIN-WPS Adoption Manager during the adoption event on the weekends.

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Completion of this application does not constitute an approval for adoption of a cat.

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Inaccurate, false or incomplete information may result in delay or denial of this application.

Name of cat(s)/kitten(s) you are interested in?	Date:
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Applicant's Name:	Hm. Ph.	Cell Ph.	Wk. Ph.
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Hm. Address/City/Zip Code:	Apt. No.
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Email Address:	Calif Drivers License No.:
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Do you live in a (circle one):    House    Apartment    Condo    Mobile Home	Do you (circle one):    own    rent
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How long have you lived there?
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Landlords Name and Phone Number <i>or</i> Home Owners Association Phone Number (if applicable):
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May we contact Landlord or Home Owners Association?
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Do you work (circle one):    Full Time    Part Time    Student    Retired
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List the NAMES and AGES of all persons living in your household:
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IS ANYONE IN THE HOUSEHOLD ALLERGIC TO CATS?
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Do you have any objections to a Cats in Need Volunteer visiting your home before or after the adoption?
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Have you applied to adopt a cat from this organization or any other in the past 5 years? If so, what organization and what was the outcome?
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Why do you want this/these particular cat(s)/kitten(s)?
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Please tell us about your current pets:							
Type/Breed	Age	Sex	Spayed/Neutered	Declawed	Inside/Outside	How long owned	

Please list the name(s) and reason why previous pets are no longer with you. (i.e. Fluffy died 2012, age 12, kidney failure).

List the names(s) of the Veterinarian(s) and phone number(s) your current and/or previous pets have been seen by.

What will happen to the cat(s) if you should move?

What circumstances would cause you to give up this/these cat(s)?

What will happen to the cat(s) if you can no longer care for it/them?

How many hours a day will the cat(s) be left alone?

What is the activity level in your home?      Quiet      Moderate      Active      Very Active

Will you declaw the cat(s)?

Will the cat be (circle one):      Indoors      Outdoors      Both

Cats have been known to claw furniture, climb drapes, etc. How will you deal with this?

Do you have a pet door in your home?

Will the cat(s) have access to the (please circle one):      Outdoors      Garage      Balcony      Patio      Breezeway      None

On the first night, where will the cat(s) sleep?

Where will the cat(s) primarily stay (House, yard, it's own room, crate, etc):

Are you aware cats need routine veterinary care throughout their life:

Are you willing and financially able to provide routine medical care and in the event this/these cat(s) become ill or injured medical care?

How did you learn Cats In Need had cats available for adoption?

Cats In Need will only place cats in "responsible, loving and safe homes". Please tell us why you should be the new "pet parent" to this/these cat(s)/kitten(s):

**All applications are subject to review by the CIN Board. In the event of multiple applications for the same cat, The Board reserves the right to select the best suited home for the cat.**

PLEASE SIGN FOR VERIFICATION OF INFORMATION: \_\_\_\_\_