



# CAT ADOPTION APPLICATION

Camano Animal Shelter Association  
198 Can Ku Road  
Camano Island, WA 98282  
CamanoAnimalShelter.org  
camanoshelter@yahoo.com  
360-387-1902

Date: \_\_\_\_\_

I am interested in a specific cat named: \_\_\_\_\_



## APPLICANT CONTACT INFORMATION

### ► Applicant

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

### ► Co-Applicant

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

### ► Residence

Address: \_\_\_\_\_ where pet will live (NOT a P.O. Box)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ (XXX-XXX-XXXX)

Email address: \_\_\_\_\_

► Name of person(s) who the cat(s) will be living with: \_\_\_\_\_

♥ How did you hear about this pet?  Facebook  Craigslist  Newspaper  Our website  Other

1. What qualities are you looking for in a new cat? \_\_\_\_\_

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

2. Do you live in a.. house / apartment / condo      How long have you lived there? \_\_\_\_\_

3. Do you rent or own your home? (circle one)    Own    Rent    (Rent - any place you do not personally own)

If renting please provide the Landlord/Property Owner's name and phone number for verification

name \_\_\_\_\_ phone #(s) \_\_\_\_\_

4. How many people live in the home: \_\_\_\_\_ (and circle) Spouse/Partner    Parents    Roommates    Me

5. List 5 words which describe your household: \_\_\_\_\_

6. Who will be responsible for the medical care, food, and supplies for this cat?  
\_\_\_\_\_

7. Is anyone in the household allergic to dogs or cats? \_\_\_\_\_

8. Are there children in your home? Yes / No *if yes, ages* \_\_\_\_\_

9. Will there be children regularly visiting your home? Yes / No *ages* \_\_\_\_\_

10. This cat will be.. indoor / outdoor / both / other \_\_\_\_\_

11. Where will the cat stay?

*During the day* \_\_\_\_\_ *At night* \_\_\_\_\_

*When you are not home* \_\_\_\_\_

12. How many hours per day will the cat be left alone? \_\_\_\_\_

13. Do you have other animals currently? *Please provide age, breed and if they are spayed/neutered*

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14. If you currently own a cat/cats, has it/they been FeLV tested? yes / no / don't know

15. Do you own a cat who is FeLV or FIV positive? \_\_\_\_\_

16. Have you owned pets in the past? Yes / No **How many?** \_\_\_\_\_

*What types and where are they now?* \_\_\_\_\_

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17. Have you ever given up a pet to a rescue organization or animal shelter? Yes / No

*If Yes describe the circumstances* \_\_\_\_\_

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18. What provisions would be made for your cat if you had to move? \_\_\_\_\_

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19. Under what circumstances would you NOT keep your cat? \_\_\_\_\_

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20. If your cat became destructive or developed behavioral issues, how would you correct it or what would you do to resolve the issue? \_\_\_\_\_

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21. Will you be having this cat declawed? \_\_\_No \_\_\_Yes \_\_\_Maybe

22. Why do you feel you are the right home for this cat? \_\_\_\_\_

23. Who is your current Veterinarian? (Name, Location, Phone Number)

24. Have you ever been arrested for cruelty to animals? \_\_\_\_\_

I understand that cats placed by Camano Animal Shelter Association or C.A.S.A., have been acquired, fed, boarded, spayed or neutered, microchipped, FeLV tested, received necessary medical care and vaccinations at the expense of C.A.S.A. I understand that I will be asked to pay an adoption fee to C.A.S.A. as part of the adoption process.

I have answered all the above questions truthfully and to the best of my knowledge. I understand that if, for any reason, I can no longer care for or keep this cat, I must bring it back to C.A.S.A. during business hours and I will sign all necessary paperwork in order to do so.

I do understand that C.A.S.A. and its staff members reserve the right to deny my application for any reason whatsoever, including but not limited to, false or untrue adoption application information.

**In checking this box I agree to all terms and conditions that apply to this application. [ ] I agree**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Co-applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**STAFF ONLY**

Date application received \_\_\_\_\_ Contacted regarding application? \_\_\_\_\_

Notes: