



STRATFORD CAT PROJECT

P.O. Box 1261 Stratford, CT 06614

203-375-7009

CAT ADOPTION APPLICATION

INTERESTED IN ADOPTING:

APPLICANT INFORMATION:

Name:		Age:	
Home Phone:	Work Phone:	Cell Phone:	
Address:		Email:	
City:	State:	ZIP Code:	
How long at current address?	<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo	<input type="checkbox"/> Own <input type="checkbox"/> Rent	
If rent, do you have permission from your landlord to have pets? <input type="checkbox"/> Yes <input type="checkbox"/> No	Landlord Name:	Landlord Phone:	
List all members of your household (for children, please include ages): _____			

LIST ALL YOUR CURRENT PETS:

Type	Age	Sex	Altered? (Spayed/Neutered)	How long have you owned?	Where Kept?
		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No		

What is your reason for wanting a cat/kitten? _____

Name of your current Veterinarian? _____

Where will you keep the cat/kitten during:	Day:	Night:
How long will the cat/kitten be left alone during:	Day:	Night:

Do you or anyone in your household have allergies? If yes, please list: _____

DO YOU PLAN TO?

Spay/Neuter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Declaw?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Let the cat outside?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have the cat be a mouser?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE TELL US ABOUT PETS YOU OWNED IN THE PAST:

Type	Sex	Altered? (Spayed/Neutered)	How long they lived?
	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SIGNATURES

Signature of applicant:	Date:
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OFFICE USE ONLY:

Application reviewed by:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Other:
Driver's License #:	State: