



STRATFORD CAT PROJECT

P.O. Box 1261 Stratford, CT 06614
203-375-7009

CAT ADOPTION APPLICATION

Interested in adopting: _____

Name: _____ Home Phone: () - _____

Street Address: _____ Work Phone: () - _____

City: _____ State: ___ Zip code: _____ Email: _____

How long have you lived at your present address? _____ House Apartment

Own Rent **If you rent, do you have permission from your landlord to have pets?** Yes No

List all members of your household (for children, please include ages): _____

List all your current pets:

Type	Age	Sex	Altered? (Spayed/Neutered)	How long you've owned him/her?	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 the day? _____ During the night? _____

How long will the cat/kitten be left alone during the day? _____ During the night? _____

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

Do you plan to:

Spay/neuter? Yes No | Declaw? Yes No
Let the cat outside? Yes No | Have the cat be a mouser? Yes No

Please tell us about pets you owned in the past:

Type	Sex	Altered	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	

Applicant's signature: _____ Date: _____

OFFICE USE ONLY

Application reviewed by: _____ Approved Denied Other _____

Driver's License #: _____ State: _____