

# MISSION VIEJO ANIMAL SERVICES

## CAT ADOPTION APPLICATION



**Please answer every question in order for your application to be considered.**

**Completing an application is not a guarantee of adoption.**

Cat's name: \_\_\_\_\_

Your name: \_\_\_\_\_

Street address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Preferred phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Are you the home owner or primary lease holder? \_\_\_\_\_ *(If no, we can't accept application unless head of household is present)*

Have you had a cat before? \_\_\_\_\_ List ALL of the pets you have had in the past 5 years, including current pets:

Type/Breed	Age	Sex (Altered?)	Licensed?	Where is this pet now ?

What is the reason for wanting to adopt this cat? *(Check all that apply)*

Personal/family companion \_\_\_\_\_ Companion for other pet \_\_\_\_\_ For children \_\_\_\_\_ Gift \_\_\_\_\_

What characteristics are you looking for in a cat? *(Check all that apply)*

Active                       Affectionate                       Lap cat                       Quiet  
 Playful                       Independent                       Outgoing/Sociable                       Vocal  
 Declawed                       Short-hair                       Medium-hair                       Long-hair

Do you live in a: House \_\_\_\_\_ Townhome/Condo \_\_\_\_\_ Apartment \_\_\_\_\_ Duplex \_\_\_\_\_ Mobile home \_\_\_\_\_

Do you: Own \_\_\_\_\_ Rent \_\_\_\_\_ Landlord Name/Number: \_\_\_\_\_ ***(Note: Staff will contact landlord)***

Are you prepared to pay any required pet deposits or pet rent? \_\_\_\_\_

If you move (locally, out of state, or out of the country) what will you do with this cat? \_\_\_\_\_

How many adults are in your household? \_\_\_\_\_ Ages: \_\_\_\_\_ *(Please circle your own age)*

How many children? \_\_\_\_\_ Ages: \_\_\_\_\_

Has every member of your household agreed to adopt this cat? \_\_\_\_\_

***If this has not been discussed at great length, please complete application when that has occurred.***

Does any member of your household have pet allergies or asthma? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

What is the activity level in your household? Mellow (quiet) \_\_\_\_\_ Moderate \_\_\_\_\_ Active (loud, busy) \_\_\_\_\_

The cat will spend its time: *(check all that apply)*

Inside \_\_\_\_\_ Outside \_\_\_\_\_ Patio \_\_\_\_\_ Balcony \_\_\_\_\_ Garage \_\_\_\_\_ Other \_\_\_\_\_

Do you have a dog door in your home? \_\_\_\_\_ If yes, where does it open to? \_\_\_\_\_

Where do you plan to keep this cat's litter pan? \_\_\_\_\_

How many hours will this cat be alone each day? \_\_\_\_\_

Who will care for this cat when you are on vacation or out-of-town? \_\_\_\_\_

The annual cost associated with providing responsible care (vaccinations, medical care, boarding, supplies, etc.) to a healthy cat is approximately \$500. Do these costs present any financial problems for you? \_\_\_\_\_

How would you deal with issues regarding cat clawing furniture, digging potted plants, etc.?

Trim nails \_\_\_\_\_ Declaw \_\_\_\_\_ Buy scratching post \_\_\_\_\_ Soft paws /claw covers \_\_\_\_\_ Other \_\_\_\_\_

Are you planning to declaw this cat? \_\_\_\_\_

Are you prepared to make a commitment of 10 to 20 years to this cat? \_\_\_\_\_

Which may prompt you to relinquish, return, or rehome your cat? *(check all that apply)*

\_\_\_\_\_ None      \_\_\_\_\_ Illness of yourself      \_\_\_\_\_ Illness of cat      \_\_\_\_\_ Marking in the house  
\_\_\_\_\_ Moving      \_\_\_\_\_ Allergy to cats      \_\_\_\_\_ Cat develops allergy      \_\_\_\_\_ Cat sometimes missing litter box  
\_\_\_\_\_ Too active      \_\_\_\_\_ Too vocal/loud      \_\_\_\_\_ Escaping      \_\_\_\_\_ Clawing furniture  
\_\_\_\_\_ Biting      \_\_\_\_\_ Hiding for a week      \_\_\_\_\_ Non-compatible with other pets  
\_\_\_\_\_ Other (explain) \_\_\_\_\_

Have you ever had to give up a pet? \_\_\_\_\_ If yes, when and why? \_\_\_\_\_

If your cat gets sick, what will you do? \_\_\_\_\_

Do you have a current veterinarian? \_\_\_\_\_ If yes, list name and phone number: \_\_\_\_\_

Have you adopted any animals from Mission Viejo Animal Services before? \_\_\_\_\_

If yes, do you still have this/those animal(s)? \_\_\_\_\_

Have you completed an application to adopt an animal from our shelter in the past 12 months? \_\_\_\_\_

If yes, which animal (name)? \_\_\_\_\_

Your application will be reviewed along with all others received by Animal Services personnel to ensure that the best home possible is selected for this animal. Animals are **NOT** adopted solely on a **first come– first served basis**.

**Incomplete applications forms are grounds for denial of adoption.**

**We Reserve the Right to Refuse the Adoption of any Animal.**

I hereby certify that the above answers are true, to the best of my knowledge, and I understand that if approved, I must sign and abide by an Adoption Agreement.

\_\_\_\_\_  
Applicant Signature