

AACC ADOPTION APPLICATION

Name(s) of cat(s)/kitten(s) you are interested in:

If we don't have what you're looking for today, please describe the cat you'd like:

Applicant's Name: _____ Date: _____
Home Address: _____ City: _____
Zip Code: _____ Home Phone: _____ Other Phone: _____
E-Mail Address: _____

Employer Name: _____ Are you a student? YES NO
If yes, UNDERGRAD or GRADUATE

Do you own your home, live with parents, or rent? _____
If you rent, please give your landlords name and phone:

Are you over 21 years of age? YES NO

Why do you wish to adopt a new pet? _____

Do all the adults in the household want to adopt a new pet? YES NO

If no, please explain _____

Will this cat be living with children? YES NO If yes, their ages: _____

Who will be the cats primary caretaker? _____

Does anyone in the household have known cat allergies? YES NO

If yes, how will you cope with this? _____

Does anyone in the household smoke*? YES NO

If yes, INSIDE THE HOME or OUTDOORS ONLY

* We ask this due to the fact that we will have cats with asthma or other respiratory issues, and want to place them in homes that will not be detrimental to their health *

Will your cat be indoor only, indoor-outdoor, or outdoor only? _____

If indoor-outdoor, please describe – will cat be supervised? Will cat be on a leash? Is it weather dependent? _____

Will you declaw your cat? YES NO If yes, FRONT ONLY ALL 4 PAWS

Will you have your cat sterilized? YES NO

Do you plan on breeding your cat? YES NO

Do you currently own any pets? YES NO If yes please describe:

of cats? _____ their ages and sexes? _____

of dogs? _____ their breeds, ages, and sexes? _____

and description of other pets in home? _____

Are all current pets sterilized? YES NO

Are all current pets up to date on vaccinations? YES NO

If you answered NO to either question, please explain: _____

Have you had any pets in the last 5 years which are not listed above? YES NO

If yes, where are they now? _____

Name and phone of your current veterinarian? _____

Where is their practice located? _____

Do you plan on bringing this cat to the Ann Arbor Cat Clinic for care? YES NO

Are there any bad habits that you cannot tolerate in a cat, and that would cause you to give up your cat? _____

Do you have any questions prior to speaking with the adoption coordinator?

The Ann Arbor Cat Clinic Adoption Program does not award adoptions on a first come, first served basis; we strive to place each cat with the optimal family to ensure successful adoptions. We reserve the right to deny adoptions we feel will not be in the best interest of the cat and/or the adopter.

Signing this form does not guarantee your approval, nor does it obligate you to adopt this or any other cat from the Ann Arbor Cat Clinic.

Signature: _____

Date: _____