

CAT ADOPTION APPLICATION



Valley Oak SPCA
(559) 651-1111
9800 Camp Dr.
Visalia, Ca 93291
www.vospca.org

Name _____ DOB _____ Email _____

Address _____ City _____ Zip _____

Primary Phone _____ Alternate Phone _____ Driver's License _____

Check if you would like to receive Valley Oak SPCA's email updates & newsletter.

Thank you for considering adopting a Valley Oak SPCA animal! You will be making a 10-20 year commitment to the cat you adopt and our goal is to help make the best match possible for you and the cat you are interested in. The following questions will help us achieve that goal.

1) Do you currently live in a House Apartment Condo Other _____

2) Do you currently Rent Own Lease the residence where you live?

3) How long have you lived at your current residence? _____

If not property owner, we will have to verify your residence's current pet policy.

Landlord's Name _____ Phone Number (____) _____

4) How many adults live in your home? _____

5) How many children? _____ Ages _____

6) Does anyone in your household have allergies to animals? Yes No

7) Who will be primarily responsible for the care of this cat? _____

8) Is this cat a gift? Yes No If yes, for whom? _____

9) Which of the following best describes your reasons for wanting this cat? (Check all that apply)

Companion To Breed For kids Mouser

Companion for pet Other _____

10) A. What attracts you to the cat you are interested in? _____

B. How Long have you been looking to get a cat? _____

11) Will this cat be: Indoor only Outdoor only Indoor & Outdoor

12) How many hours a day will the cat be alone? _____

13) Where will the cat be kept when no one is home? _____

Please fill out the back side of form →

- 14) A. Where will the cat be kept at night? _____
 B. Where will the cat be kept during the day? _____

15) Do you plan to have the cat declawed? Yes . No

16) If yes, why? _____

17) Have you had pets in the past (as an adult)? Yes No

18) **Please list all of the pets you have had in the last 5 years including current pets, and those you no longer own:**

Species	Breed	Age	Sex	Altered	Owned how long?	What happened to him or her?
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		

19) Please list other animals that live in your household that may not be your own, personal pet: (Breed, age, altered/or not)

20) If you have other pets, are their vaccinations current? Yes No

21) Has there been any contagious feline diseases in your home? Yes No

22) Do you have a regular veterinarian? Yes No Name _____

23) Under what circumstances would you **not** keep this cat? _____

24) How much money do you expect to spend per year caring for this cat (vet care, tags, food, supplies, toys)
 \$ _____

25) Please check the topics you would like our staff to discuss with you today

- Indoors vs. outdoors Litterbox issues Declawing Grooming
- Introduction to other pets Scratching furniture Cats with kids

Please list the name or ID of the cat you are interested in: _____

I certify that the above information is true and correct to the best of my knowledge. I also acknowledge falsification of the above can result in my being denied adoption of an animal or, if an animal has been adopted to me, the return of that animal to Valley Oak SPCA.

We have the right to deny any application at any point if the staff feels the applicant does not meet our requirements and expectaions.

Signature _____ Date _____

Animal ID Number _____ Reviewed by _____ Date _____