**Adoption Application**

Adoption requirements:

* You must be 18 Years or older to adopt from us.
* If you still live with your parent/legal guardian, he or she must fill out the application.
* We do not allow declawing of ANY adopted animals. This is part of our adoption contract. If an animal adopted from us is declawed, we reserve the right to take it back due to breach of contract. Please read more about declawing before you decide--it is a painful surgical procedure that has been outlawed as animal cruelty in many other countries. If you wish to declaw, we ask that you go elsewhere.

**Your Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Animal Information**

I want to adopt (pet's name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where will the animal live? ⬜ Indoor ⬜ Indoor/Outdoor ⬜ Outdoor

If you've owned a cat before, have you ever declawed any of your cats/kittens?

 ⬜ Yes ⬜ No

Would you consider declawing an adopted cat/kitten?

 ⬜ Yes ⬜ No

**Current Living Situation**

Do you rent your home/apartment? ⬜ Yes ⬜ No

If you rent, please provide your landlord’s name and phone number so we can verify that cats are allowed in your residence:

Landlord name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current and Previous Pets**Please provide the following information for each animal **currently** living in your household:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Owner Name | Animal Name | Type/Breed | Age & Sex | Spayed/Neutered? |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Veterinarian Information**If you currently have pets or have had a pet in the past five years, please provide a veterinary reference.

Clinic name and Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant(s) signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete and return application to: CommunityCatAdvocates@gmail.com

Or: Community Cat Advocates

 63 Darnit Road

 Buckfield ME 04220