

Adoption Application

CatNap from the Heart requires the following information to assist you in finding your new best friend. Once completed an adoption counselor will assist you with any questions.

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____

Date: _____
Telephone: _____
Alt. Tel: _____

Cat's Name interested in: _____

Adoption Questionnaire

Please list current and former pets in household:

Name	Type of Pet	Color	Sex	Age	Present	Past

Lifestyle:

Are you currently employed?: _____
Employer: _____
Employer Phone: _____
Do you travel often?: _____
How many hours a day would your pet be alone? _____

Household:

Do you Rent or Own: _____
Number of Adults: _____
Number of children: _____
Ages of children: _____

Pet Information

- Are your current pets:
 - Up to date on vaccinations? ☐ Yes ☐ No
 - Spayed or Neutered? ☐ Yes ☐ No
 - Tested for FeLV and/or FIV? ☐ Yes ☐ No
- Do your cats: ☐ Stay indoors only ☐ Go outside free ☐ Go outside supervised
- What is an unacceptable behavior, which would cause you to give up your pet

- Have you ever had an animal die at an early age, or die due to an accident? _____
If so, what happened to it: _____

Pet's Information (cont)

What's your Ideal Cat

Age Range?

- ☐ Senior (10+) ☐ Juvenile (6 mo-1 yr)
☐ Adult (1-10) ☐ Kitten (3-5 months)

Specific Color? _____

Bonded Pair?

- What are your preferences? ☐ Male ☐ Female ☐ Doesn't matter
 ☐ Long hair ☐ Short hair ☐ Doesn't matter
 ☐ Claws ☐ Declawed ☐ Doesn't matter

How did you hear about us? ☐ On Petfinder ☐ Facebook ☐ At CatNap ☐ Petsmart

Veterinary Information

Vet's Name (*if any*): _____

Location: _____

Phone: _____

***** I certify that the above is true and correct. Any false information
may result in the nullification of this adoption application.***

CatNap has the right to deny any application**

Signature

Date

----- Please do not write below this line -----

Adoption Counselor Notes:

