

# NEWPORT BEACH ANIMAL SHELTER CAT ADOPTION APPLICATION

Cat's Name: \_\_\_\_\_

Please answer every question in order for your application to be considered. Completing an application is not a guarantee of adoption.

Your Name: \_\_\_\_\_ Driver License: \_\_\_\_\_ State: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work or Cell Number: \_\_\_\_\_

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

Are you the head of household? Yes / No *If you answered No, the head of household must fill out the application or we cannot consider it even if you are an adult living in the home.*

Please list ALL of the pets you have had in the past 5 years and those you currently own:

<u>Type / Breed</u>	<u>Sex</u>	<u>Age</u>	<u>Neutered?</u>	<u>Licensed (dog only)?</u>	<u>Where is this pet now?</u> (If pet died, please list at what age and reason)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Why do you want to adopt this cat? *Please circle all that apply*

Personal or Family Companion / Companion for Other Pet / For Children / Gift

Do pets currently in your household get along with cats? Yes / No

Do you live in a: house / townhome/condo / apartment / duplex / mobile home

Do you: own / rent/lease / other Landlord Name & Number: \_\_\_\_\_

If renting/leasing, does your landlord require cat(s) to be declawed? Yes / No

Are you prepared to pay any required pet deposits? Yes / No

How many adults are in your household? \_\_\_\_\_ Ages: \_\_\_\_\_ How many children? \_\_\_\_\_ Ages: \_\_\_\_\_

If you do have children, have they been around cats before? Yes / No

Do you have a roommate? \_\_\_\_\_ If yes, how many? \_\_\_\_\_ Has every member of your family agreed to adopting this cat? Yes / No

Does any member of your household have allergies or asthma? No / Yes, describe: \_\_\_\_\_

This cat will spend its time: Inside Only / Inside/Outside / Outside during the day, inside at night  
Outside Only / Inside with patio/balcony/garage access / Outdoors/Garage Only  
Other: \_\_\_\_\_

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

Do you have a dog door in your home? No / Yes - where does it open to? \_\_\_\_\_

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

Who will care for this cat when you are out of town? \_\_\_\_\_

What characteristics are you looking for in a cat? *Please circle all that apply*

Active / Playful      Calm      Declawed      Lap Cat      Affectionate/Cuddly      Independent  
Shorthaired      Longhaired      Medium haired      Other: \_\_\_\_\_

Do the costs of vaccinations, medical care, boarding, supplies, and/or general upkeep of your cat present any financial problems for you? Yes / No (The annual cost of providing responsible care to a healthy cat is approximately \$500)

How do you plan to deal with issues regarding cat clawing furniture, digging potted plants, etc?

Trim/Clip Nails      /      Declaw/tendonectomy      /      Buy scratching post      /      Other: \_\_\_\_\_

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

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

Which reasons are acceptable for giving up your cat? *Please circle all that apply*

allergy      /      marking in the house      /      moving      /      cat sometimes "missing" litter pan      /      illness      /      biting  
clawing furniture      /      too active      /      too vocal      /      not compatible w/other pets      /      digging

If you did not mark any reasons, why not?  
\_\_\_\_\_

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

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

Who is your current veterinarian? *Name & City please:* \_\_\_\_\_

Have you ever adopted animals from the Newport Beach Animal Shelter before?      Yes      /      No

If yes, do you still have the animal(s)? \_\_\_\_\_

Have you ever completed an application to adopt an animal from our shelter in the past 12 months?      Yes      /      No

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

Your application will be reviewed along with all others received by Animal Control 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. The completion of this application is not a guarantee of adoption.

Incomplete application forms are grounds for denial of adoption application. 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

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Accepted by: \_\_\_\_\_ Completed search for prior records: \_\_\_\_\_

Date received: \_\_\_\_\_ Time received: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date interview conducted: \_\_\_\_\_

Comments:

\_\_\_\_\_ Recommend Adoption      \_\_\_\_\_ Do Not Recommend Adoption

Visits by applicant:

Date:

Date:

\_\_\_\_\_ Approved      \_\_\_\_\_ Denied      By: \_\_\_\_\_

Date applicant contacted: \_\_\_\_\_ In person / By phone / Left message

Comments: