

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:

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

Why do you want to adopt this cat? *Please check 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:
Outside Only Inside Only Inside/Outside Outside during the day, inside at night
Other _____ Inside with patio/balcony/garage access Outdoors/Garage Only

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 check all that apply*

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

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 check 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: