



Evidence of Love
a n i m a l c a r e

Cat Adoption Application

Thank you for your interest in adopting a cat with Evidence of Love Animal Care (EOL). The purpose of this adoption application is to discover if the cat you are interested in is the best fit for your family and a compatible match with your life style. Completion of this application does not guarantee adoption of a cat. Prior to completing this application, please check with EOL to confirm the status of the cat you are interested in.

Name of Desired Cat: _____

Why do you desire this particular cat? _____

Applicant

Applicant's Full Name (First, Middle Initial, Last)

Home Street Address, City, State, Zip Code

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Home Tel

Mobile Tel

Applicant's Age

Personal Email Address

What is your marital status?

Married

Single

Divorced

Separated

Widowed

Other _____

Spouse:

Spouse's Full Name (First, Middle Initial, Last)

Spouse's Occupation & Company

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Mobile Tel

Personal Email Address

Employment

What is your employment status?

- Employee
 Self-Employed
 Retired
 Unemployed
 Disability
 Other _____

Company Name _____

Title _____ Occupation _____

Company Street Address, City, State, Zip Code
(_____)

Office Tel _____ Work Email Address _____

Animal

How would you rate your level of cat guardianship experience?

- First Time Owner
 Intermediate
 Advanced
 Other _____

What are your primary reasons for wanting a cat?

- Companion cat
 For the kids
 Gift
 For other pet
 Other _____

Have you ever had your vet declaw any of your other cats? Yes No

Other _____

If yes, how many cats declawed? _____

Are there any plans to declaw the cat you are interested in adopting? Yes No Maybe

Other _____

Have you ever allowed a cat to breed? Yes No

Other _____

Will the cat be outdoors, indoors or both? Outdoors Indoors Both

Other _____

Do you have pets now? Yes No

If yes, list all the animals at your home. Use additional sheet, if needed:

Name	Breed	Age	Sex	Altered
_____	_____	_____	M F	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	M F	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	M F	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	M F	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	M F	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	M F	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	M F	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	M F	<input type="checkbox"/> Y <input type="checkbox"/> N

Will the cat sleep inside or outside the house? Inside house Outside house Both

Other _____

List all the animals you have had in the past as an adult and the length of time together. If they are no longer with you, please provide an explanation. Use additional sheet, if needed:

Name/Breed	Age	Period Together	Comments
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____
6) _____	_____	_____	_____
7) _____	_____	_____	_____
8) _____	_____	_____	_____

Are you willing to live with hair on the furniture, stains on your floors, furniture damage or stains and/or other damage a cat may create? Yes No
 Other _____

Pets are an investment of your time and money. Can you afford to provide medical care, healthy diet, comfortable shelter and toys for your new cat? Yes No
 Other _____

Are you able to make a long-term commitment to care for your pet for its entire life span, which could be as much as 10 to 20 years? Yes No
 Other _____

What would happen to your pets if you moved?
Locally? _____
Out of State? _____
Out of the Country? _____

Which of the following reasons might prompt you to give up your cat? Check all that apply
 Job relocation Excessive vet bills Excessive energy
 Destructive chewing Financial problems Attacking guests
 Cat cannot learn to house train Shedding Allergies
 Occasional accidents indoors Divorce Having a new born child
 New spouse/partner does not like Cat None of the above
 Other _____

Have you ever turned your cat into the shelter? Yes No
 Other _____
If yes, describe _____

Family

List all other occupants in your home:

Full Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does everyone in the household want to adopt this cat? Yes No

If not everyone, who is not wanting to adopt: _____

Does anyone in your household have any kind of allergies including yourself? Yes No

If yes, describe _____

Does anyone in the household including you smoke cigarettes, cigars or tobacco?

Yes No Occasionally

Other _____

If yes, who? _____

Do you have any illness, mental or physical disabilities that may affect your ability to fully care for the cat?

Yes No

If yes, describe _____

Home Residence

Type of dwelling:

House Condo Apartment Town home Mobile home

Other _____

Does the property have a cat door with indoor/outdoor access? Yes No

Other _____

Do you rent or own? Rent Own Live with parents or relatives

How long have you been living at this address? _____

If renting, do you have your landlord's permission to have a cat? Yes No

If renting, may we contact your landlord? Yes No

Landlord's name and phone number: _____
