



Companion Cat Rescue & Rehabilitation (CCRR) Program

An initiative of Feral Cat Rescue Research, 672 Old Mill Rd #179, Millersville, MD 21108 www.companioncatrescue.org
Helping feral and friendly cats find forever homes and lead healthier lives.



Adoption Application

The following information is requested so that we may assist you in the selection of a new cat/kitten. This form and a consultation with an adoption representative are designed to help us determine if the adoption is in the cat's best interests. Completion of this application does not guarantee adoption of a cat/kitten.

Name(s) of Cat(s)/Kitten(s) applying for: _____

Applicant Details & Questionnaire

Name: _____

Phone #(s): _____ Are these cell phones that can receive texts? Yes No

Email: _____ Other Contact Info: _____

Address: _____

How long have you been at your current address? _____

Own? _____ Rent? _____ House? _____ Apt/Condo? _____

Is this the same address on your Driver's License? Yes No

If you rent, you will be required to demonstrate that the property allows pets. Please provide the landlord's name and phone number: _____

Planning to move in the next 6 months? Yes No

Would your cat go with you if you moved? Yes No

If No, please explain: _____

How many adults are in your household? _____ Children? _____ Ages? _____

Do any members of your household have allergies to animals? Yes No

If yes, please explain: _____

Employer: _____ Occupation: _____

For whom are you adopting the cat/kitten(s): Self? _____ Gift for? _____

Why do you want to adopt a cat? _____

Have you ever adopted a pet from a rescue/animal control agency? Yes No

Have you ever had an application for adoption be rejected from a rescue or animal control agency? Yes No

If yes, please explain: _____

Are you planning on declawing? Yes No Not Sure

If your situation changed (marriage/divorce, new baby, etc) would you keep the cat? Yes No Maybe

If No or Maybe, please explain: _____

What is your vet's name and contact info? _____

What pets do you currently have in your household?

Type	Age	Spayed/Neutered	Up to Date on vaccines?	Where Kept	Length of time owned
_____	_____	Yes / No	Yes / No	_____	_____
_____	_____	Yes / No	Yes / No	_____	_____
_____	_____	Yes / No	Yes / No	_____	_____
_____	_____	Yes / No	Yes / No	_____	_____

Will your pet(s) adjust to a new cat in the house? _____

What pets have you had in the past?

Type	Age	Spayed/Neutered	Where Kept	Length of time owned
_____	_____	Yes / No	_____	_____
_____	_____	Yes / No	_____	_____
_____	_____	Yes / No	_____	_____
_____	_____	Yes / No	_____	_____

What do you think are the most important responsibilities in owning a cat?

If a disciplinary or behavior problem arises, what steps would you take to work on it?

How much do you think vet care, food, litter, toys and supplies will cost annually? _____

What kind of food do you plan to give your cat? _____

Where do you plan to keep the litter box? _____

Where will you keep your cat during the day? _____ At night? _____

How many hours a day will your cat spend alone? _____

Who will take care of your cat when you are away? _____

Do you have a plan in place if you are not able to care for your cat in the future? _____

Are you aware of the non-refundable adoption fees (\$150 for cats under one year of age (2 for \$250), \$125 for cats over one year of age (2 for \$210), and \$200 for exotics)? Yes No

Are you willing to sign legal adoption papers? Yes No

Are you willing to have an adoption representative come to see where the pet will be living? Yes No

I pledge that all the above information is true and complete. Further, I give the adoption agency permission to contact my landlord and my veterinarian, as appropriate.

Printed Name: _____

Signature: _____ Date: _____

Adoption representative must initial to indicate the phone number and address have been verified: _____