



A 501c Non-Profit Organization

Where cats talk and we listen.

**Please Complete the adoption application and email it to: [PurrHaven@gmail.com](mailto:PurrHaven@gmail.com). Thank you!**

**2024 Application For Adoption of a Cat or Kitten**

This form is to help Purr Haven determine the best match between the animal awaiting adoption and their prospective adopters. Please understand that the thorough nature of this application is for the COMPLETE BENEFIT of the ANIMAL being adopted. We are seeking the BEST possible home for this rescued pet!

**Contact Information**

Name: \_\_\_\_\_

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

Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

E-mail address: \_\_\_\_\_ **Your**

**Household**

Name(s) of each household adult over age 18 and date of birth \_\_\_\_\_

Employer/Occupation(s) of household adults: \_\_\_\_\_

Are there any children under the age of 18 in the household? Yes No

List the ages of all children under the age of 18 in the household:

Have these children had animals before? Yes No

Was this successful? Yes  No

If not, please explain: \_\_\_\_\_

Has anyone in your household ever been convicted of a crime? Yes No

Has anyone in your household ever been convicted of a violent crime? Yes No

If yes, please explain. \_\_\_\_\_

Are there any problems with abuse of adults, children or animals in your household?

Yes No

If yes, please explain: \_\_\_\_\_

Has anyone in your household ever been convicted of abuse, cruelty, or neglect of any animal?

Yes      No

If yes, please explain: \_\_\_\_\_

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

Have you ever had an application rejected for adoption of an animal from a rescue/animal control facility?

Yes       No

If yes, please explain: \_\_\_\_\_

**Please list one personal reference and their relationship to you:**

Name	Relationship	Phone	Address

**Your Home**

Do you own or rent your home? \_\_\_\_\_

Is your home a:  single home,     apartment,     duplex,     townhouse,  
 mobile home,     other \_\_\_\_\_

Do you live with your parents: Yes       No

Are there any community restrictions on cats? Yes       No

If yes, please explain: \_\_\_\_\_

Is there a size restriction? Yes       No  Restricted to: \_\_\_\_\_

Is there a number limit? Yes       No  Limited to: \_\_\_\_\_

If you rent, do you have written permission from your landlord to have a cat? Yes       No

Landlord Name: \_\_\_\_\_

Landlord Phone: \_\_\_\_\_

How long have you been at your present address? \_\_\_\_\_

Are you planning to move within the next 6 months? Yes       No

If you move, what will you do with the cat? \_\_\_\_\_

Are you or your spouse with the military? Yes       No

Will all of your companion animals go with you if you move? Yes       No

Is anyone in your home allergic to cats? Yes       No

If yes, please explain: \_\_\_\_\_

Who: \_\_\_\_\_

What steps will you take to accommodate the cat and the household member? \_\_\_\_\_

What will you do with the cat if a member of your household becomes allergic after adoption? \_\_\_\_\_

Do you expect to add human children to your household? Yes       No

If someone in the household became pregnant, would you consider removing the cat from the household because of toxoplasmosis or concerns for the infant? Yes       No

If yes, please explain: \_\_\_\_\_

How will your children play with or handle the cat? \_\_\_\_\_

Do you have a pet door? Yes       No

Do you operate a home-based business? Yes       No

What type of business? \_\_\_\_\_

**Cats In Your Household:**

How many cats are currently living in your household? \_\_\_\_\_

Please list them here:

Name	Age	Time In Your Care	Spayed Neutered Yes or No	Declawed Yes or No	Personality	

To your knowledge, have any of your cats tested positive for feline leukemia or feline Aids (FIV)?

Yes  No

Have your cats been tested for feline leukemia or feline Aids (FIV)? Yes  No

Do all of your cats get along with each other? Yes  No

If no, please explain: \_\_\_\_\_

**Dogs In Your Household:**

How many dogs are currently living in your household?

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Please list them here:

Name	Age	Breed/Mix	Time in Your care	Spayed Neutered Yes or No	Gets along with cats Yes or No	Personality

Do any of the dogs in your household have any behavioral or dominance problems? Yes  No

If yes, please explain: \_\_\_\_\_

**Other Animals In Your Household:**

Do you have any animals other than dogs or cats? Yes  No

If yes, what type and how many? \_\_\_\_\_

**Veterinary Care**

Name of your veterinarian clinic: \_\_\_\_\_

Name of the doctor: \_\_\_\_\_

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

Phone: \_\_\_\_\_

What owner name(s) are the records listed under: \_\_\_\_\_

Date of last visit: \_\_\_\_\_

Reason for last visit: \_\_\_\_\_

Do all of your companion animals receive yearly veterinary visits? Yes  No

If no, please explain: \_\_\_\_\_

Do you plan on using a different vet for this cat? Yes  No

If yes, please explain: \_\_\_\_\_

**Previous Companion Animals:**

Please list all companion animals that you have had within the past 10 years who have died:

Name	Type	Age at death	Cause of death

Please list all companion animals that you have had within the past 10 years whom are no longer with you for reasons other than death:

Name	Reason for separation	Current location

**Financial Factors**

Each companion animal will cost a household about \$500.00 per year. If the cat becomes ill the estimate could become thousands. Are you financially able to provide this for each of the companion animals whom you currently have, as well as for the new animal that you would like to adopt? Yes  No

Are you financially able and willing to provide annual checkups, vaccinations, and ANY medical care necessary for each of the companion animals whom you currently have, as well as for the new animal that you would like to adopt? Yes  No

**Giving Your Cat A Good Home**

Indoor cats can live to be 18-20 years old. Can you commit to care for the cat you adopt for his/her entire life? Yes  No

What do you think are the most important responsibilities in owning a cat? \_\_\_keeping the cat healthy, safe and entertained\_\_\_\_\_

How long are you willing to allow the new cat to adjust to his/her new home? \_\_\_\_\_however long it will take\_\_\_\_\_

What will you do if your new cat does not get along with your present companion animals? \_\_\_\_\_

How long are you willing to allow the new cat to adjust to other animals in the home? \_\_\_\_\_

If your cat gets lost, in addition to contacting Purr Haven, what steps will you take? \_\_\_\_\_

Who will care for your cat if you go away? \_\_\_\_\_

How frequently do you make business/vacation trips? \_\_\_\_\_

How will your new cat spend his/her days? (*Circle everything that applies*)

Indoors   Outdoors   Basement   Garage   Porch   Yard   Barn   Locked in room   Crated

Please explain: \_\_\_\_\_

Will anyone be home during the day?   Yes       No

How many hours will the cat be left unattended? \_\_\_\_\_

When no one is home, where will the cat be kept? \_\_\_\_\_

How will your new cat spend his/her nights? (*Circle everything that applies.*)

Indoors   Outdoors   Basement   Garage   Porch   Yard   Barn   Locked in room   Crated

Please explain: \_\_\_\_\_ in a small quiet room, with food water, litterbox and cuddle basket \_\_\_\_\_

What kind of food do you plan to give your cat? \_\_\_\_\_ whatever he is used to from the shelter \_\_\_\_\_

How much do you expect vet care, food, and litter will cost annually? \_\_\_\_\_ not sure, doesn't matter \_\_\_\_\_

Who will be the primary caretaker of this pet? \_\_\_\_\_ Sabine Mitchell \_\_\_\_\_

Who will be financially responsible for this pet (food, vet visits, etc.)? \_\_\_\_\_ our family \_\_\_\_\_

If something happens to you, who will be the caretaker for this pet (name and phone number)? \_\_\_\_\_ my husband \_\_\_\_\_

How many litter boxes do you plan to have? \_\_\_\_\_

Who will be responsible for feeding and cleaning the litter box? \_\_\_\_\_ me and my daughter \_\_\_\_\_

Have you ever had behavioral problems with a pet?   Yes       No

If yes, please explain: \_\_\_\_\_

How will you handle litter box training/problems if they occur? \_\_\_\_\_

How will you handle scratching of furniture if it occurs? \_\_\_\_\_

Are you planning on declawing?   Yes       No       Not Sure

Under what circumstances might you consider giving up your cat? \_\_\_\_\_

Have you ever given up a pet in the past?   Yes       No

If yes, please explain: \_\_\_\_\_

How did you find out about this pet? \_\_\_\_\_

**Please describe the kind of cat that you are interested in adopting:**

Age: \_\_\_\_\_      Breed: \_\_\_\_\_

Sex: \_\_\_\_\_      Reason for sex preference: \_\_\_\_\_

Coloring: \_\_\_\_\_ Temperament: \_\_\_\_\_

Why do you want to adopt a cat? \_\_\_\_\_

For whom are you adopting the cat? \_\_\_\_\_

Are you currently meeting or inquiring about another pet in a different rescue, shelter, or other source?

Yes  No

If so, what is the status? \_\_\_\_\_

**Acknowledgement**

I/We acknowledge that all the information provided in this application form is true and correct. I/We understand that any misrepresentation of fact may result in Purr Haven refusing adoption privileges to me/us.

I understand that applications and Pre-adoption contracts will go through a thorough screening process to assure that the animal in question is being placed in the appropriate home. No guarantee of adoption is possible until the application has been processed and approved and a home visit has been completed.

Signature of Applicant(s): \_\_\_\_\_

Date of Application: \_\_\_\_\_

Purr Haven Staff Signature: \_\_\_\_\_

Phone: 301-788-6687 (mobile) email: purrhaven@gmail.com