

Lavender Haven Sanctuary and Rescue

Cat and kitten Adoption Application

I am interested in adopting:

How did you hear about this cat/kitten?

Why do you want to adopt this cat/kitten?

Full Name	Age	Street Address
Home Phone	City,State,Zip	
Cell Phone	Employer	Address
Email	If you are not the primary income earner, who is? Relationship: Employer:	

All other household members

Provide contact numbers for all adults living in your home.

Name	Age	Relationship

Have you considered all costs involved with owning a pet/another pet?(vet care, emergency care, dental care, vaccines, food, flea/tick/worm preventative, rental deposits, etc.)

Are you financially capable of providing for all of the cats needs and future needs?

Are all the members of the household wanting to adopt this cat?

Is anyone allergic to cats?

Where will the cat be when you are away from home?

How much time will the cat be in your company?

Who will be caring for this cat? Feeding/watering, litter box clean up, grooming, etc?

Are you willing to give this cat a forever home and care for it for 15+ years?

Have you ever given up a pet?

If yes, why? And what happened to it?

What do you hope to gain from bringing a new cat into your home?

Sometimes unforeseeable circumstances arise. What scenario would make you give up your cat? (example birth of a baby, medical emergency, moving, etc.)

Do you plan to declaw this cat?

Have you ever had a cat declawed?

If yes, why?

If your cat develops an expensive or difficult medical condition, what will you do?

Household Information

Are you willing to let us visit your home to verify a safe living environment?

Where do you live?

House	Apartment	Condo	Trailer	Other
-------	-----------	-------	---------	-------

If you rent, do you have permission from your landlord to own a cat?

Landlord's name and number:

HOA restrictions?

How long have you lived at your current address?

Do you plan to move?

Are you willing to keep this cat indoors or outdoor time in a secure enclosure?

If not, why?

Where will your litter box be kept?

What will you do if your cat chooses to stop using the litter box?

What brand of cat food do you plan to use?

What kind of flea preventative do you plan to use?

If you have dogs in your home, are they cat tolerant?

If you are unsure, does the cat have a place to get away from the dog if needed? Where? (Example a gated off room)

List all pets currently living at your home

Are all of your pets spayed/neutered?

If no, why?

Name	Species	Breed	Age/time in your care

Past pets If you have never owned your own pet you can use family pets.

Name	Species	Breed	Age/what happened

Vet References

Please give your vet clinic permission to speak with us about your account. If this is your first pet please list what vet clinic you plan to use.

Vet clinic:

Address:

Phone Number:

How long have they been your vet?

Previous Vet?

Address:

Phone Number:

Personal References

Please give your references notice that we will be contacting them. We need 3 references. Only one relative please.

Name:

City/State:

Phone Number:

Relationship:

Name:

City/State:

Phone Number:

Relationship:

Name:

City/State:

Phone Number:

Relationship: