

**VERNON TOWNSHIP ANIMAL SHELTER—CAT ADOPTION APPLICATION**

Name of Cat(s) Interested in: \_\_\_\_\_  
Date: \_\_\_\_\_

Your Full Name include Spouses/Partner's Name:  
\_\_\_\_\_

Street Address/CITY/STATE/ZIP:  
\_\_\_\_\_

How long at this address? \_\_\_\_\_

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

Name and Address of Employer:  
\_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Up until what time of night can we contact you via phone? \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How were you referred to the Vernon Township Animal Shelter? \_\_\_\_\_

Are you planning on moving within the next 6 months?

Yes  No

If yes, what are your plans for your pets if you move?

Are you 25 years of age or older?

Yes  No

Do you own your own home?

Yes  No

If no, name and phone # of landlord:

\_\_\_\_\_

Type of Dwelling: \_\_\_\_\_  
How many total hours will your new pet be left alone during the day \_\_\_\_\_

Name and age of ALL occupants in household (including yourself):

\_\_\_\_\_  
\_\_\_\_\_

If no children under 18 in the home, do you plan on having children or will children be visiting the household frequently?

Yes  No

Are any members of your household allergic to animals?

Yes  No

If yes, please describe:

\_\_\_\_\_

Who will have chief responsibility for the care of your new pet? \_\_\_\_\_  
Over the past 5 years, how many pets have you owned? (Include current pets) \_\_\_\_\_  
List each individually including breed, age, still living with you? (if not, why?) \_\_\_\_\_

Have you ever lost or given away a pet?

Yes  No

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

Have you and your spouse or Partner (if applicable) ever owned a pet together? \*

Yes  No  N/A

If yes, when?

If you currently own a cat, how does he/she react to new cat? Any behavioral issues?  
(Circle which applies)

Are your present pets up-to-date on their annual vaccines?

Yes  No  N/A

If no, please explain:

Are your present pets spayed or neutered?

Yes  No  N/A

If no, please explain:

Were your previous pets spayed or neutered?

Yes  No  N/A

If no, please explain:

Were your previous pets registered with your town?

Yes  No  N/A

If no, please explain:

How much are you financially prepared to spend for routine/emergency medical care, licensing, etc:  
(Per year)

What plans do you have for your new pet when you are on vacation?

Age of cat you would consider adopting: (check all that apply)

2-12 months  1-5 years  Senior  Special Needs

Energy Level of cat you would consider adopting: (check all that apply)

Low  Moderate  Active

Sex of cat you would consider adopting:

Male  Female  Either

Who is your current or most recent veterinarian? Please provide their NAME and PHONE NUMBER:  
PLEASE MAKE SURE YOU CALL YOUR VET TO GIVE PERMISSION TO RELEASE

~~INFORMATION AS MANY WILL NOT GIVE US A REFERENCE W/OUT YOUR CALL, AND WE WILL NOT BE ABLE TO PROCESS YOUR APPLICATION.~~

Can/Will you provide your cat with monthly flea/tick prevention?

Yes  No

Are you prepared to and financially able to provide your cat with an annual veterinary exam, annual vaccinations, and any necessary veterinary care as needed?

Yes  No

What brand of cat food do you plan on feeding your new pet?

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How would you deal with any behavioral issues that may come up?

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Is your entire immediate family in agreement with the decision to bring a new pet into your home?

Yes  No

If anyone is NOT, please explain:

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Are you prepared to commit to a pet for 10-15 years (average life span)?

Yes  No

Are you willing to allow Vernon Township Animal Shelter Staff make future visits to your home?

Yes  No

Have you or any member of your household ever been charged with cruelty to animals or negligence in animal care?

Yes  No

If yes, please describe:

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Have you ever adopted or tried to adopt a pet before? If yes, fill out info below.

Yes  No

Rescue Shelter Name & Location:

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Why are you choosing to adopt vs. buying from a pet store or breeder?

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Where will your pet spend most of his/her time?

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Where will your cat eat? \_\_\_\_\_

Where will your cat sleep? \_\_\_\_\_

Please provide 3 personal references (only 1 can be a relative) that can testify to your responsibility and ability to care for your animals. **Name & Phone number and email address:**

1.

2.

3.

If there is anything else you think we should know, please note it here:

**All adoption fees are non-refundable.**