



A.C.A.T. (Albuquerque Cat Action Team)
 P. O. Box 51683
 Albuquerque, NM 87181-1683
 505-323-2228 (323-ACAT)
 www.albcat.com

Helping Cats and Their People

ADOPTION APPLICATION

To be considered for an adoption you must meet the following: be at least 18 years of age, have legal identification with you, be able to verify that you can have pets where you live, be financially able to provide for the animal's needs, be willing to discuss this application with an A.C.A.T. representative, and be an appropriate adopter for the cat you desire.

Name: _____ I.D. _____ Expires: _____

Address: _____ Apartment Number: _____

City: _____ State: _____ Zip Code: _____

Phone @ Home: _____ Work: _____ Cell: _____

Email: _____

Occupation: _____ Employer: _____

Source of Income: _____

Date: _____ Name of cat desired: _____

1. How did you hear about A.C.A.T.? _____

2. How long at your present address? _____ Are you planning to move in the next 6 months? _____

3. Please circle - Do you? Own Rent House Apt. Military housing Live w/parents Have roommates

4. If you rent, do you have your landlord's permission to own a pet? _____

5. How many people are in your household? Adults: _____ Children: _____ Ages of children: _____

6. Are family members aware that you are considering adopting a cat? _____ Anyone allergic to cats? _____

7. If you or a family member developed an allergy to the cat, what would you do? _____

8. If any of the following occurred would you be able to keep the cat?

You or a family member became seriously ill? _____ You became unemployed? _____

You were transferred or moved out of state? _____ You moved to a different location in city/state? _____

Your family composition changed (marriage, divorce, new baby)? _____

9. Please list all pets you **currently have** in your household or **have had in the last 5 years**:

Type of Pet	Sex	Age	Neutered (yes/no)	Kept inside or outside	Time owned/what happened?
a. _____	_____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____	_____
e. _____	_____	_____	_____	_____	_____

10. Who is your veterinarian? _____
11. Who will care daily for the cat? _____ Are you willing to provide a lifelong home for this cat? _____
12. What would you do if the cat developed a serious illness or injury which required treatment that would cost:
up to \$500? _____
more than \$500? _____
13. Are you able to spend \$25 - \$30 a month on food, litter and toys? _____
14. Are you able to spend between \$50 - \$80 annually for checkups and annual shots? _____
15. Where will the cat be kept during the day? _____ At night? _____
Where will the cat sleep? _____ Where will the cat eat? _____
Where will you keep the litter box? _____ Do you own a scratching post/tree? _____
16. Will you let the cat outside; how often; and for what reasons? _____

17. Will you declaw this cat; if so for what reasons? _____

18. Do you have a doggie door? _____ Where does it lead to? _____
Do you have screens on all your windows? _____ Do you own recliner furniture/type? _____
19. How many hours per day will the cat be alone? _____ How frequently do you travel out of town? _____
Who will care for the cat when you travel? _____
20. What will you do if the cat doesn't get along with your present pet(s)? _____

21. Why do you want this cat? _____
22. If the cat gets lost, what steps will you take to find it? _____

23. Your cat may take two months to adjust to his/her new home. How will you deal with this? _____

24. If at any time you are unable to keep this cat, do you understand that you must return it to A.C.A.T.? _____
25. Would you be willing to be a temporary foster parent for **other** A.C.A.T. cats? _____
26. Name and phone number of 2 personal references: _____

This form is not only to provide proper education on the commitment of owning a new cat/kitten, but also to ensure that you understand the full responsibility of the care involved with your new cat. Adoptions are subject to approval.

Signature of Applicant: _____

A.C.A.T. Representative: _____

Comments: _____