



Cat's Name: \_\_\_\_\_  
 Chip: # \_\_\_\_\_  
 Date/Time: \_\_\_\_\_  
 Counseling done: Yes No  
 Representative: \_\_\_\_\_  
 Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Cat Adoption Application**

To adopt a pet you:

- o Need to present current identification showing present address.
- o Must be at least 18 years of age.
- o Must agree to allow us to photograph and publish on social media.

**Personal Information**

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

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

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

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

E-mail address: \_\_\_\_\_

Secondary contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Why would you like to adopt a cat? \_\_\_\_\_

Does anyone in your home have cat allergies?  Yes  No

Are you prepared to provide this cat with the necessary veterinary care?  Yes  No

Veterinarian's name and phone number: \_\_\_\_\_

**Housing Information**

Apartment  House  Mobile Home  Other \_\_\_\_\_

Rent\*  Own

\*Landlord's name and phone number: \_\_\_\_\_

*Written landlord approval, proof of home ownership and/or a home visit may be required.*

Do any children reside in your home?  Yes  No

If yes, please list their ages: \_\_\_\_\_

**We advise that all of our adopted cats and kittens be indoor only. Indoor cats live longer and healthier, avoiding the dangers of disease and predators outdoors. At times, we'll have cats that may be available for adoption as indoor/outdoor cats, based on their history and behavior.**

**Pet Information**

Please list all current pets in your home.

Name	Species	Age	Indoor/Outdoor?	Time in your care	Spayed/Neutered
_____					Yes <input type="checkbox"/> No <input type="checkbox"/>
_____					Yes <input type="checkbox"/> No <input type="checkbox"/>
_____					Yes <input type="checkbox"/> No <input type="checkbox"/>
_____					Yes <input type="checkbox"/> No <input type="checkbox"/>

Please list any known causes of death for past pets: \_\_\_\_\_

\_\_\_\_\_

Do you plan to have your adopted cat declawed?  No  Yes\*

\*NKGCC does not adopt kittens or cats to anyone planning to declaw because declawing may render the cat defenseless, inflict unnecessary pain, and adversely affect behavior.

**Adoption Promotion**

How did you hear about pet adoptions from No Kill Glynn County? (check all that apply)

Newspaper Article     Newspaper Ad     Magazine     Radio     TV

Off-Site Adoption     Friend     Social Media     Website     Other

Additional details: \_\_\_\_\_

Did a special promotion make a difference in your decision to adopt?  Yes  No

**Agreement**

By signing this form, I acknowledge that all information on this form is true and correct. I understand that any misrepresentation of fact may result in NKGCC refusing adoption privileges to me. I authorize NKGCC to contact all veterinarians listed on the application and the landlord if applicable. If my request for adoption is approved and later NKGCC discovers the above information is not true or correct, NKGCC reserves the right to remove the adopted cat from my home. I understand that once adopted, the cat(s) needs – additional vaccinations, medical and otherwise are my responsibility.

I would like to make an additional donation of \$\_\_\_\_\_ to go toward the care of other adoptable animals in the care of No Kill Glynn County.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_