



P.O. Box 6722 • Longview, TX 75608
 www.thecatsmeowrescue.org
 thecatsmeowrescue@yahoo.com

Application to adopt:	Cat's Name:	
	Color:	Gender:
	Spayed/Neutered: Y / N	Voucher #

The Cat's Meow Rescue feels it is important to learn as much as we can about our potential adopters so that we can help you find the right match for you and your family. If you have any questions or concerns regarding any of the information we are requesting, we are happy to discuss it with you further. Thank you for taking the time to complete this application.

Personal Information

Applicant's Name		
Spouse/Partner Name		
Phone Number	Home:	Cell:
Address		
Age		
Email Address		
Place of Employment		

Home, Family, Living Circumstances

Family living in the home	Adults:	Children:
	Ages:	
Do all members of the household have knowledge of, and support, this adoption? Yes _____ No _____		
Does anyone in your household have allergies to animals? Yes ____ No ____		
Do you:	Own Home:	Own Condo:
	Rent Home:	Rent Condo:
	Rent Apartment:	Live with someone:
	Live in mobile home park:	
	Other:	
Landlord Contact Information:	Name:	
	Phone:	
	Address:	

Pet Information- Current

How many animals do you have now? Dogs: _____ Cats: _____ Other: _____
Please list the name, breed, gender and ages for your current pets:
Are your pets spayed or neutered? Yes _____ No _____
If not, why?
Are your pets current on vaccinations? Yes _____ No _____
If not, why?
Have your current cats been tested for feline leukemia/FIV? Yes _____ No _____ Don't Know _____
If you have pets, will they adjust to a new cat in the house? Yes _____ No _____ Don't Know _____
Do you have a cat or dog door? Yes _____ No _____

Pet Information - Past

Have you ever given a pet away or surrendered one to a shelter? Yes _____ No _____
If yes, why?
Have you ever had a pet euthanized? Yes _____ No _____
If yes, why?
Have you ever declawed a cat/kitten? Yes _____ No _____

New Pet

Have you ever applied to TCMR before to adopt a cat/kitten? Yes _____ No _____
Are you willing to have a representative of TCMR conduct a home visit? Yes _____ No _____
Will this be your first cat? Yes _____ No _____
Why do you want this cat? Personal Companion _____ Companion for another pet _____ Pet for my kids _____ Barn Cat _____ Mouser _____ Office Cat _____ Other _____
If other, please explain:
Is this pet a gift? Yes _____ No _____
Do you plan to declaw this cat/kitten? Yes _____ No _____
How many hours each day will the cat be without human companionship? Please explain:
Where will your new pet spend most of its time? House: _____ Outside: _____ Barn: _____ Other: _____
What brand of food do you plan to feed the cat?

Veterinarian Information

Who is your veterinarian?
Address
Phone
How long has this been your primary vet?

Future Care and Planning

Will you keep the cat up-to-date on vaccinations? Yes ____ No ____
How much are you willing to spend on medical bills for your cat? Up to \$100____ Up to \$500____ Up to \$1000____ Up to \$5000____ Whatever it takes____
What would you do if the vet bills went over this amount?

If you go away for a few days, or on a vacation, who will take care of the cat?
If you move, will you take the cat with you? Yes ____ No ____
Are you willing to take responsibility for this cat for the next 10 to 20 years? Yes ____ No ____
What provisions will you make for the cat should you become unable to care for him/her?

Additional Comments

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PLEASE READ: By signing this application, you authorize The Cat's Meow Rescue (TCMR) to contact your veterinarian and/or conduct a home visit. Adopters must meet certain criteria to adopt and TCMR reserves the right to deny anyone the option to adopt if that criteria is not met or we feel the adoption is not in the best interest of the cat/kitten.

Signature: _____ Date: _____