

INTERNAL USE ONLY:  
 Reviewed By:  
 Status:



# KITTEN ASSOCIATES Pre-Adoption Form



P.O. Box 354 • Newtown, CT 06470 • (203) 744-9228

Filling out this form does NOT commit you to adopting a cat from K.A., nor does it guarantee adoption of a Kitten Associates cat.

Thank you for your interest in adopting a cat from Kitten Associates. Please fill out this Application, IN FULL. The more information you provide, the easier it will be for us to process your application and make a great match based on your needs. When you've completed this form you can email it to: info@kittenassociates.org or mail it to us at the address, above.

In order to process your Pre Adoption Application, you **MUST**: (check all that apply)

- Be 21 years of age or older
- Have the consent of all adults living in the household (& the landlord if renting)
- Have a valid ID showing your present address
- Have the ability to provide medical care & a proper living environment for the LIFETIME of the cat you wish to adopt

Fill this form out online at: [www.kittenassociates.org](http://www.kittenassociates.org)

Name:		Age:	Date:
Address:			
City, State, Zip:			
Home Phone:	Cell Phone:	e-mail:	
Your Employer:		Occupation:	
Where Do You Live? <input type="checkbox"/> Own Home <input type="checkbox"/> Own Condo <input type="checkbox"/> Rented Home <input type="checkbox"/> Rented Apartment			How Long at this Address?
<input type="checkbox"/> Rented Condo <input type="checkbox"/> With Parents <input type="checkbox"/> With Roommates <input type="checkbox"/> Other (explain):			
If Renting, Name and Phone Number of Landlord:			
Will You Move in the Next Few Years?:		If YES, What Will You Do with Your Cats?:	
How Many Adults Live in Your Household?		Number/Ages of ALL Children in Household:	
How Did You Learn About Kitten Associates? <input type="checkbox"/> Referral <input type="checkbox"/> Web <input type="checkbox"/> Newspaper <input type="checkbox"/> Flyer <input type="checkbox"/> Other:			
Have You Had a Cat/s Before? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, When? <input type="checkbox"/> Currently <input type="checkbox"/> Up to 5 Years Ago <input type="checkbox"/> 6-10 Years Ago <input type="checkbox"/> 10+ Years Ago			

**Please List ALL the Animals (cats, dogs, etc.) You've Had in the Past FIVE YEARS, below. If you have more than 4 animals, how many?** \_\_\_\_\_

Animal's Name	Species & Breed	Current Age, if Living	Neutered? (Yes/No)	Indoor, Outdoor or Both	Declawed? (Yes/No)	If Cat, Tested for FIV+/FeLuk	Vet Name & Phone -List ALL if Different
						RESULT:	
						RESULT:	
						RESULT:	
						RESULT:	

I'm Interested in Adopting a Specific Cat (NAME): \_\_\_\_\_

I'm Interested in Adopting ANY Cat/Kitten Who is (Check ALL that Apply):

SEX:  Female  Male  No Preference      AGE:  Kitten  Young Cat  Adult  Senior  No Preference

COAT:  Short  Medium  Long  No Preference

COLOR:  ONLY this Color \_\_\_\_\_  ANY COLOR, but \_\_\_\_\_  No Preference

GROOMING (Check ALL that Apply): <input type="checkbox"/> Low Maintenance-as Little Grooming as Possible <input type="checkbox"/> I Don't Mind Grooming My Cat Daily, if Needed
<input type="checkbox"/> I Don't Mind the Cost of Professional Grooming
My Cat Should Be Good With (Check ALL that Apply): <input type="checkbox"/> Kids < 4 Years <input type="checkbox"/> Kids < 16 Years <input type="checkbox"/> Senior Citizen/s <input type="checkbox"/> Cats <input type="checkbox"/> Dogs <input type="checkbox"/> Other (Specify)
Check Any of These Concerns Once the Cat is in Your Home: <input type="checkbox"/> Litterbox Training <input type="checkbox"/> Hyperactivity <input type="checkbox"/> Household Destruction <input type="checkbox"/> Claw Trimming <input type="checkbox"/> Shyness <input type="checkbox"/> Climbing on Counters <input type="checkbox"/> Play Biting <input type="checkbox"/> Nocturnal Behavior <input type="checkbox"/> Urine Marking <input type="checkbox"/> Other:
My Cat Will Primarily Be: <input type="checkbox"/> Family Companion <input type="checkbox"/> Companion to Other Animal <input type="checkbox"/> Barn Cat/Mouser <input type="checkbox"/> Other:
Home Environment: <input type="checkbox"/> Grand Central Station <input type="checkbox"/> Some Activity <input type="checkbox"/> Quiet & Peaceful <input type="checkbox"/> Other:
Do You or Does ANYONE Living in Your Home Have Known Allergies to Cats? <input type="checkbox"/> NO <input type="checkbox"/> YES
How Many Hours will Your Cat Spend Outside per Day?
Where will Your Cat Live During the DAY? <input type="checkbox"/> Full Run of the Home <input type="checkbox"/> In a Room of the Home <input type="checkbox"/> Full Access to Indoors/Outdoors <input type="checkbox"/> Basement <input type="checkbox"/> Garage <input type="checkbox"/> Outbuilding/Shed/Barn <input type="checkbox"/> Other:
Where will Your Cat Live at NIGHT? <input type="checkbox"/> Full Run of the Home <input type="checkbox"/> In a Room of the Home <input type="checkbox"/> Full Access to Indoors/Outdoors <input type="checkbox"/> Basement <input type="checkbox"/> Garage <input type="checkbox"/> Outbuilding/Shed/Barn <input type="checkbox"/> Other:
Where will Your Cat Live When Left ALONE? <input type="checkbox"/> Full Run of the Home <input type="checkbox"/> In a Room of the Home <input type="checkbox"/> Full Access to Indoors/Outdoors <input type="checkbox"/> Basement <input type="checkbox"/> Garage <input type="checkbox"/> Outbuilding/Shed/Barn <input type="checkbox"/> Other:
My Cat/s Need to be able to be ALONE <input type="checkbox"/> <4 Hours or Less Per Day <input type="checkbox"/> 5-8 Hours <input type="checkbox"/> 9-18 Hours Per Day <input type="checkbox"/> More Than 24 Hrs _____ x/Week



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Are You Considering Declawing Your Cat? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MAYBE, IF:
Are You Aware of the Potential Side-Effects of Declawing Your Cat? <input type="checkbox"/> YES <input type="checkbox"/> NO
How much money do you think you'll spend yearly for the care of your cat?
Will you keep the cat up-to-date on vaccinations? <input type="checkbox"/> YES <input type="checkbox"/> NO
If your cat becomes ill or injured and the vet bill is <b>\$500</b> , what would you do? <input type="checkbox"/> Have the Vet Provide Care for the Cat <input type="checkbox"/> Provide Care this Time, But Probably Not Again-Too Expensive! <input type="checkbox"/> Care for the Cat at Home-No Vet <input type="checkbox"/> Humanely Euthanize the Cat <input type="checkbox"/> Find Someone to Take the Cat <input type="checkbox"/> Let the Cat Die Peacefully at Home <input type="checkbox"/> Other (Explain):
If your cat becomes ill or injured and the vet bill is <b>\$1500 or MORE</b> , what would you do? <input type="checkbox"/> Have the Vet Provide Care for the Cat <input type="checkbox"/> Provide Care this Time, But Probably Not Again-Too Expensive! <input type="checkbox"/> Care for the Cat at Home-No Vet <input type="checkbox"/> Humanely Euthanize the Cat <input type="checkbox"/> Find Someone to Take the Cat <input type="checkbox"/> Let the Cat Die Peacefully at Home <input type="checkbox"/> Other (Explain):
If your cat became diabetic and needed insulin shots, or if proper care for it required special care, would you: <input type="checkbox"/> Do Whatever it Takes for My Cat <input type="checkbox"/> Depends on What the Cat Needs-Not Sure <input type="checkbox"/> Surrender the Cat to a Shelter <input type="checkbox"/> Give the Cat to a Family Member or Friend <input type="checkbox"/> Put an Ad on Criagslist to Find the Cat Another Home <input type="checkbox"/> Other (Explain):
Have You Ever Applied to Kitten Associates Before to Adopt a Cat? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, When?
Have you ever surrendered cats to Kitten Associates? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, When?
Are you willing to have a representative of Kitten Associates come to your home to see where the cat will live? <input type="checkbox"/> YES <input type="checkbox"/> NO
Your Veterinarian's Name and Phone Number:
Comments or Anything You Feel We Should Know:

I hereby affirm I've answered the above questions truthfully and to the best of my knowledge. I give my permission to Kitten Associates to contact the Landlord and/or Veterinarian I have listed on this Pre-Adoption Form and I give my permission for these References to release any information they deem relevant to the adoption of a cat/s or kitten/s from Kitten Associates.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_