

We ask for a \$150 adoption donation to help us cover the costs we incur in caring for each cat at Tabby's Place

**I. Personal Information (Please Print)**

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of contact (circle one):      Phone      Alt. Phone      Email      Any

Would you like to get our quarterly newsletter by email? (circle one):      Yes      No

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**II. Household Information (Circle one in each category below)**

1. Your Age: \_\_\_\_\_
2. Ages of all other household residents: \_\_\_\_\_
3. Type of Residence (circle one):    House    Apartment    Condo/Townhouse    Farm    Other: \_\_\_\_\_
4. How would you describe your household most of the time? (circle all that apply):
  - a. Have children and/or children frequently are visiting our home
  - b. Friends and family visiting frequently
  - c. Someone is usually or always home
  - d. Household is busy and lively
  - e. Household is somewhat busy
  - f. Household is calm and quiet
5. How would you describe your lifestyle? (circle all that apply):
  - a. Work from home most days
  - b. Work at home some days
  - c. Work outside of the home
  - d. Retired and home often
  - e. Work days are long ( > 8 hours)
  - f. Travel frequently
  - g. Planning on growing our family
6. Experience with cats (circle one):    First time    Grew up with Cats    Some experience    Very experienced
7. Where will the cat live? (circle one):    Indoors only | Indoors with controlled access to outdoors (enclosure, stroller, or harness) | Sometimes Outdoors | Mostly Outdoors | Outdoors only
8. Are you adopting for your own household? (circle one):    Yes      No
9. Does anyone in the home have a history of cat allergies? (circle one):    Yes      No
10. Are there any circumstances in which you would consider declawing a cat?  
\_\_\_\_\_

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**III. Desires and Expectations (Circle all that apply)**

1. Why are you looking to adopt?  
\_\_\_\_\_
2. Desired Age (may choose multiple):    No preference    Kitten    Young Adult    Mature Adult    Senior
3. Would you consider adopting a pair of cats? ( circle one):    Yes    No    Maybe

4. What type of cat do you think would be the best fit? (may choose multiple):
- a. Family Companion: good with children, happy to be involved in daily activities, enjoys lots of attention
  - b. Quiet Cuddle Buddy: happiest spending time with you
  - c. Independent: likes to do their own thing, prefers some alone time
  - d. Easy Going: easily adjusts to different people and situations
  - e. Travel companion: comfortable traveling, open to new experiences
  - f. Activity companion: likes to experience new things, wants to be part of everything you do, enjoys lots of mental stimulation
  - g. Emotional Support Cat
  - h. Barn Cat/Working Cat
  - i. Friend for My Current Pet
  - j. A cat who needs me the most/would benefit most from adoption
  - k. A cat who needs a trusted friend
  - l. A cat who needs ongoing medical care
5. Many of our cats have special needs which require various levels of care. Would you consider learning more about a cat that needs/has (select all that apply):
- a. Special diet
  - b. Oral or topical medication(s)
  - c. Injectable medication(s)
  - d. Physical limitations (blindness, mobility issues, etc.)
  - e. Expression of their bladder and colon (incontinence)
  - f. More frequent vet care
  - g. Has to be an only cat
  - h. Behavioral needs (medication, training, enrichment)
  - i. None of the above
6. Have you had any experience with a cat that needs/has following? (select all that apply)
- a. Special diet
  - b. Oral or topical medication(s)
  - c. Injectable medication(s)
  - d. Physical limitations (blindness, mobility, etc.)
  - e. Expression of their bladder and colon (incontinence)
  - f. More frequent vet care
  - g. Behavioral needs (medication, training, enrichment)
  - h. None of the above
7. If there are specific cats you are interested in, list them here:
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8. Acclimation Period: Some cats require several weeks, or even months, to acclimate to their new home. Are you willing to allow for this adjustment period? ( circle one):    Yes    No    Unsure
9. Financial Ability: Cats require a minimum of one physical exam each year, as well as vaccinations and blood work per your veterinarian's recommendation. A cat may also need additional veterinary visits and care should he or she become ill. We estimate the average annual wellness cost of a cat to be \$250 for a young, healthy cat and \$350-\$400 for a geriatric cat. Are you able and willing to cover these costs? ( circle one):    Yes    No    Unsure
10. Tabby's Place is happy to offer a 20% discount on your adoption fee for the following. Please circle any that apply to you:
- a. Previous adopter
  - b. Animal care workers
  - c. Veterans
  - d. Adopters over the age of 65

11. If you would like to add any comments or questions about your application answers, use the space below.

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#### IV. References

(If you currently have a veterinarian, you do not need to list a personal reference.)

Have you used a vet in the past 4 years? (circle one): Yes No

1. Veterinary Reference Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Under what owner's name are your pets' records listed? \_\_\_\_\_

2. Personal Reference #1 (Must be an acquaintance of at least 6 months and cannot be a relative or significant other) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship (circle one): Neighbor Friend Work Colleague Other: \_\_\_\_\_

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#### V. Current & Previous Pets

##### Current Pets:

Please list all pets you currently have. If you need additional room, please use the space below. Check here if you have never owned any pets

Pet #1 Name: \_\_\_\_\_ Age: \_\_\_\_\_

Species: (circle one) Dog Cat Other (write down species) \_\_\_\_\_

Is this pet spayed/neutered? (circle one): Yes No

Where does this pet live? (circle one): Indoors | Indoors with controlled access to outdoors (enclosure, stroller, or harness) | Sometimes Outdoors | Mostly Outdoors | Always Outdoors

Describe this pet's personality: \_\_\_\_\_

Has this pet been around/been introduced to other cats before? (circle one) Yes No

Pet #2 Name: \_\_\_\_\_ Age: \_\_\_\_\_

Species: (circle one) Dog Cat Other (write down species) \_\_\_\_\_

Is this pet spayed/neutered? (circle one): Yes No

Where does this pet live? (circle one): Indoors | Indoors with controlled access to outdoors (enclosure, stroller, or harness) | Sometimes Outdoors | Mostly Outdoors | Always Outdoors

Describe this pet's personality: \_\_\_\_\_

Has this pet been around/been introduced to other cats before? (circle one) Yes No

Pet #3 Name: \_\_\_\_\_ Age: \_\_\_\_\_

Species: (circle one) Dog Cat Other (write down species) \_\_\_\_\_

Is this pet spayed/neutered? (circle one): Yes No

Where does this pet live? (circle one): Indoors | Indoors with controlled access to outdoors (enclosure, stroller, or harness) | Sometimes Outdoors | Mostly Outdoors | Always Outdoors

Describe this pet's personality: \_\_\_\_\_

Has this pet been around/been introduced to other cats before? (circle one) Yes No

### Former Pets

Please list all pets you have had in the past 10 years.

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### VI. Resources and Discussion Topics

Tabby's Place wants to make sure you feel prepared to welcome a new cat into your home. We have lots of resources available that we can share with you and discuss. Please check off any items you'd like to learn more about, or have any questions/concerns about.

- |   |   |
|---|---|
| 1. Allergies to cats  | 8. Living with a cat with claws   |
| 2. Introducing the cat to your home & setting up an introduction room | 9. Litter box habits and hygiene  |
| 3. Introducing your cat to another animal                             | 10. Cats with Feline Immunodeficiency Virus (FIV)                           |
| 4. Vet care   | 11. Cats with Feline Leukemia Virus (FeLV)                                  |
| 5. Identifying medical issues   | 12. Nail trimming and grooming  |
| 6. Pet Insurance  | 13. Enhancing your cat's mental and physical wellbeing                      |
| 7. Predeceasing your cat  | 14. Other: Is there something we didn't list that you have questions about? |

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### VII. Terms, Signature & Release (Please initial and sign below)

X \_\_\_\_\_ I understand that Tabby's Place reserves the right to deny an adoption request for any, or no, reason and that Tabby's Place may choose not to reveal specific reasons.

X \_\_\_\_\_ I affirm that all of the information on this application is true and complete and that any incorrect information or omissions are grounds for denial.

X \_\_\_\_\_ I hereby grant permission for any veterinary offices listed above to speak to an employee/volunteer of Tabby's Place to discuss information related to my ownership and care of pets.

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

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