

Candy's Cats, Inc. ("CCI") Adoption Screening Application

Please print all answers clearly and completely. Incomplete answers may disqualify your application.

Cat's Name: _____ Date: _____

PERSONAL INFORMATION:

Name(s) of Applicant: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

Are you employed? Yes No If so, where? _____ How long? _____

Employer's Phone Number: _____ Do you travel out of town for your job? Yes No

Emergency Contact: _____ Emergency Phone: _____

HOME ENVIRONMENT:

Do you: Own Rent Type of Dwelling: House Apartment/Condo Other: _____

Apartment Complex or Homeowner's Association: _____

Proof of Paid Deposit Provided or to be provided within 24 hours: _____

How many pets are you permitted to have in your apartment, county or HOA rules? _____

Number of adults in household: _____ Number of children and ages in household: _____

Names of all people in the household: _____

If, at the time of the adoption, there are no children or other pets in your household and in the future, children or other pets become part of the household, would this be a consideration to return the cat in the future, for reasons other than unknown allergies? What might those reasons be for you to return the cat to CCI? _____

Have you had a cat before? Yes No

If yes, how many cats do you currently have? _____

Has everyone in the household agreed to take on the responsibility of this animal? Yes No

Is anyone allergic to cats? Yes No

If yes, how are they handled? _____

Is this an impulse adoption? Yes No

Is this adoption a gift for someone? Yes No

If yes, relationship and age? _____

Are you aware that this cat can live up to 20 or more years? Yes No

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_____ (Initials of Applicant)

Cat's Name: _____

CCI considers adopting a cat with the same seriousness as adopting a child. Are you willing to provide that level of commitment when making future decisions that will affect your life as well as the cat(s) for which you are being screened? (These might include present/future partners, children, relocation, etc.) Yes No

How long do you intend to keep this cat? _____

If you move, are you willing to bring this animal to live with you in your new residence? Yes No

Are you prepared for the costs of owning a pet, including food, litter, yearly vaccinations, medical care, grooming, etc.? Yes No

If you are adopting a cat/kitten, will he/she be declawed? Yes No

Would you like more information on declawing? Yes No

Where will this cat live? Indoors Outdoor/Screened-in Lanai
 Outdoors Enclosure/Screened-in Lanai
 Indoor/Outdoor Other (explain): _____

What personality traits (lap, high energy, etc.) do you want in a cat? _____

Who are you adopting this cat for (companion cat to another pet, child, parent): _____

PETS IN YOUR HOME:

What type of pets do you have now? No pets Cats Dogs Other _____
How many? _____
How many? _____

Veterinarian Name: _____ Veterinarian Phone: _____

CATS:

Please answer the following questions for each of your cats, if you have or have had more than one.

How many cats have you had in the past? _____ In what year did you last have a cat? _____

Do you still have your cat(s)? Yes No

If you had to give up the cat(s) what was the reason and what happened to the cat(s)? _____

If placed in a new home can we call the new guardian? Yes No

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Cat's Name: _____

Cat No. 1:

Name of cat: _____ Age: _____ Current on its shots? Yes No

Ever been with another cat/kitten: Yes No If yes, how long ago? _____

If the cat(s) passed away, how old was/were the cat(s) when it died and what was cause of death? _____

Was or is this cat declawed? Yes No Was or is this cat spayed/neutered? Yes No

Please describe this cat's personality: _____

Where do your cats live? Indoors Outdoor/Screened-in Lanai
 Outdoors Enclosure/Screened-in Lanai
 Indoor/Outdoor Other (explain): _____

Veterinarian Name: _____ Veterinarian Phone: _____

Cat No. 2:

Name of cat: _____ Age: _____ Current on its shots? Yes No

Ever been with another cat/kitten: Yes No If yes, how long ago? _____

If the cat(s) passed away, how old was/were the cat(s) when it died and what was cause of death? _____

Was or is this cat declawed? Yes No Was or is this cat spayed/neutered? Yes No

Please describe this cat's personality: _____

Where do your cats live? Indoors Indoor/Screened-in Lanai
 Outdoors Enclosure/Screened-in Lanai
 Indoor/Outdoor Other (explain): _____

Veterinarian Name: _____ Veterinarian Phone: _____

Please list additional cats on the back of this page.

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Cat's Name: _____

DOGS:

Please answer the following questions for each of your dogs, if you have more than one.

Dog No. 1:

Name of dog: _____ Age: _____ Current on its shots? Yes No

Breed(s): _____

Please describe this dog's personality: _____

Is this dog spayed or neutered? Yes No If no, why not? _____

Ever been around a cat/kitten? Yes No If yes, how recent? _____

Veterinarian Name: _____ Veterinarian Phone: _____

Dog No. 2:

Name of dog: _____ Age: _____ Current on its shots? Yes No

Breed(s): _____

Please describe this dog's personality: _____

Is this dog spayed or neutered? Yes No If no, why not? _____

Ever been around a cat/kitten? Yes No If yes, how recent? _____

Veterinarian Name: _____ Veterinarian Phone: _____

Please list additional dogs on the back of this page.

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Cat's Name: _____

MISCELLANEOUS:

Most shelter/rescue animals have unknown medical backgrounds. Once you take possession of this animal, are you prepared to take the animal to a licensed veterinarian for regular check ups and any other necessary medical treatment at your expense?

Yes No

If you do not have a veterinarian, to be considered for adoption of a CCI cat, you must provide the name, telephone number and scheduled appointment date of your wellness visit within the first ten (10) days of adoption. Are you willing to provide this information?

Yes No

CCI's adoption policy states that if the adoption does not work out for some reason, you agree to return the cat to us. Will you comply?

Yes No

What would prevent you from returning the cat to us? _____

Do you agree to participate in follow-up calls and/or visits from CCI volunteers/representatives?

Yes No

If you are uncomfortable with clipping your adopted cat(s)' claws you may bring the cat to a CCI representative for trimming when said representative is available to do so. It is recommended to trim claws every 3 weeks. Will you be able to do this?

Yes No

By signing this application, you authorize CCI to contact the various agencies and veterinarian offices to confirm the responses you have provided herein and for them to provide to CCI any information pertaining to your residence or pets that you have had in the past or currently still have in your care, whether they are your personal pets or those that you are caring for.

If upon review of the facts provided in the Adoption Application, it is deemed the information you have provided is either false or a cause for concern for CCI, CCI will arrange for the peaceful return of the cat(s) and the medical paperwork provided to you upon finalization of the adoption. CCI will use all legal remedies available to them to facilitate this return. If legal fees and costs are incurred, you understand that you may be responsible for those payments.

I hereby confirm that the information supplied here is truthful. Candy's Cats, Inc. ("CCI") will perform an investigation of the facts relied upon on this Screening Application, including landlord/property and veterinarian references and falsification of any information will be grounds for CCI to arrange for the return of the cat to CCI. I understand that CCI may refuse adoption for any reason or may confiscate an animal at any time, if the information given here is deemed incorrect or if the animal is not being cared for properly. I further understand that if I cannot keep this cat for any reason, I will contact CCI and make arrangements to return the cat so that CCI can place the cat into another suitable home.

Signature: _____

Date: _____

Spoke with a Foster Volunteer or Board Member: _____	Date: _____
Application approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not? _____
Adoption Counselor: _____	Scanned into RG by: _____

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