



PO Box 421, Bordentown, NJ 08505  
E: btowncitycats@gmail.com

Name of Cat \_\_\_\_\_  
Adoption Date \_\_\_\_\_

### Adoption Application

The following information is requested to assist you in finding a cat compatible with your lifestyle. To be considered as an adopter, you must be 18 years of age or older, have identification showing your current address, be able and willing to spend time and money necessary to provide a good home, medical treatment and a proper diet for the cat. You must also agree to have the cat/kitten spayed/neutered (if not already done), agree to not declaw the cat and agree to keep this cat as an indoor cat.

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_  
STATE/ZIP \_\_\_\_\_

HOME # \_\_\_\_\_  
CELL # \_\_\_\_\_  
WORK # \_\_\_\_\_  
EMAIL \_\_\_\_\_

YOUR VETERINARIAN:  
NAME \_\_\_\_\_  
PHONE \_\_\_\_\_

PERSONAL REFERENCE (NEIGHBOR, FRIEND, CO-WORKER)  
NAME \_\_\_\_\_  
PHONE \_\_\_\_\_

Do you have pets now? \_\_\_\_\_  
How many? \_\_\_\_\_  
What kind? \_\_\_\_\_  
Are they friendly w/other animals? \_\_\_\_\_

If no, how many animals in the last five years? \_\_\_\_\_  
How long did you have them? \_\_\_\_\_  
What happened to them? \_\_\_\_\_  
Have you had cats before? \_\_\_\_\_

Does everyone in your home like cats? \_\_\_\_\_  
Is anyone Allergic to cats? \_\_\_\_\_

Household Members: Adults \_\_\_\_\_ Children \_\_\_\_\_  
Ages of children \_\_\_\_\_

Do you Rent or Own? \_\_\_\_\_ If Rent,

Landlord's Name \_\_\_\_\_  
Phone# \_\_\_\_\_

Why do you want this cat? \_\_\_\_\_  
Who will have primary responsibility for this cat? \_\_\_\_\_  
If you move, what will happen to this cat? \_\_\_\_\_  
What will you do with this cat when you go on vacation? \_\_\_\_\_  
Have you ever had to surrender a pet to a shelter? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

If this cat develops behavioral problems, are you willing to seek professional advice for it? \_\_\_\_\_  
Are you committed to giving this cat a loving home, proper care and shelter for its lifetime? \_\_\_\_\_

**By completing this document, you are giving your consent for Bordentown City Cats, Inc. to contact your veterinarian for information on the care of your pets past and present; your personal reference when veterinarian not supplied, and your landlord to ensure you are allowed to have a cat.**

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

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