



MY PREFERENCES

I LIKE CATS THAT ARE:

- SHORT HAIR MEDIUM HAIR
- LONG HAIR ANY

I PREFER A:

- MALE
- FEMALE

PLEASE DESCRIBE THE TEMPERAMENT & ACTIVITY LEVEL YOU ARE LOOKING FOR IN A CAT. CHECK ALL THAT APPLY:

- ZIPPY, HIGH-ENERGY, KITTEN LIKE
- MELLOW, EASY-GOING
- A LAP CAT
- VERY AFFECTIONATE
- RESPONSIVE
- INDEPENDENT
- TALKATIVE
- QUIET

Someone in my home is unsure or nervous of cats:

- very moderately
- some (no experience) N/A

I'D ENJOY BRUSHING OR GROOMING MY CAT

- RARELY OCCASIONALLY WEEKLY DAILY

BAD KITTY HABITS THAT I JUST CAN'T TOLERATE INCLUDE:

ABOUT ME AND MY HOUSEHOLD

I SHARE MY HOME WITH _____ ADULTS AND _____ CHILDREN.
AGES OF CHILDREN _____

I HAVE CHILDREN THAT VISIT OR LIVE NEXT DOOR. AGES _____

I HAVE _____ INDOOR CAT(S), _____ IN/OUT CAT(S), AND _____ DOGS.

I HAVE OTHER ANIMALS AND LIVESTOCK
THEY INCLUDE : _____

THE NOISE ACTIVITY LEVEL IN MY HOME IS

- LOW MEDIUM HIGH

WHEN IT COMES TO KEEPING A CLEAN AND TIDY HOUSE I AM:

- VERY PARTICULAR PARTICULAR
- EASY - GOING

I NEED A CAT THAT WILL TOLERATE BEING ALONE
_____, HOURS A DAY.

MY IDEA CAT WOULD: _____

PLEASE TELL US ANYTHING ELSE YOU WOULD LIKE US TO KNOW
ABOUT YOU OR YOUR IDEA CAT:

NAME (FIRST, MIDDLEINITIAL, LAST):		MADIEN NAME:		DATE OF BIRTH	DAY PHONE:
SPOUSE OR PARTNER'S NAME:		MAIDEN NAME		DATE OF BIRTH	DAY PHONE
STREET ADDRESS		MAILING ADDRESS(IF DIFFERENT)		DO YOU <input type="checkbox"/> OWN YOUR HOME <input type="checkbox"/> RENT	IF YOU RENT LANDLORD'S NAME
CITY, STATE, ZIP		CITY, STATE, ZIP		LANDLORDS PHONE	HOW LONG AT CURRENT ADDRESS:
IF LESS THAT A YEAR AT CURRENT ADDRESS , PREVIOUS ADDRESS					
ARE YOU <input type="checkbox"/> WORKING <input type="checkbox"/> ATTENDING SCHOOL <input type="checkbox"/> HOMEMAKER <input type="checkbox"/> RETIRED <input type="checkbox"/> OTHER				IF OTHER STATE :	
EMPLOYER'S NAME		EMPLOYER'S PHONE		VETRINARIAN'S NAME AND ADDRESS:	

What pets have you had in the last five years?

Pet's name	Breed/type	age	Sex (m/f)	Spayed/ neutered	DO YOU STILL HAVE THIS PET	PLEASE LIST TWO PERSONAL REFERENCES:
				Y OR N	Y OR N	(1) NAME / PHONE/ ADDRESS
				Y OR N	Y OR N	
				Y OR N	Y OR N	(2) NAME /PHONE/ ADDRESS
				Y OR N	Y OR N	

I CERTIFY THAT THE INFORMATION I HAVE GIVEN IS TRUE, AND I AUTHORIZE THE HOLDER TO CONTACT VETERINARIANS, LANDLORDS, AND REFERENCES TO INVESTIGATE ALL STAEMENTS IN THIS APPLICATION, AND TO DO FOLLOW -UP PROPERTY CHECKS.

SIGNATURE _____

DATE: _____