

**PLEASE NOTE: completing an application does not guarantee an interview, and City Critters reserves the right to decline any adoption. You may check the status of your application by e-mailing [info@citycritters.org](mailto:info@citycritters.org).**

We ask adopters to sign an adoption agreement and pay a non-refundable \$100 fee per cat towards our costs for vet care and supplies. We deliver cats to the home.

Thanks for your time and patience in answering these questions. Please write legibly!

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

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

Home telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

e-mail: \_\_\_\_\_ How do you prefer to be contacted? \_\_\_\_\_

Are you adopting a cat:  for your home  for someone else  for your workplace?

Do others live with you?  Yes  No Who? \_\_\_\_\_

Do all household members want to adopt a cat?  Yes  No Is anyone allergic?  Yes  No

Briefly describe your residence: \_\_\_\_\_

How long have you lived there? \_\_\_\_\_ Do you:  own  rent  sublet? On what floor do you live? \_\_\_\_\_

Do you live in NYCHA housing?  Yes  No Does your building allow pets?  Yes  No

Do you have a:  terrace  balcony  deck  backyard  elevator inside living space  washer-dryer?

Are all your windows completely screened?  Yes  No Will your cat ever go outside?  Yes  No

Do you keep household plants or cut flowers?  Yes  No Candles?  Yes  No

Do you travel with your cats?  Yes  No Where? \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work schedule: \_\_\_\_\_ How long have you worked there? \_\_\_\_\_

Does your job require travel?  Yes  No

Does your budget allow for the cost of maintaining a pet, and can you cope with veterinary expenses?  Yes  No

Have you had cats or other pets in the past?  Yes  No Please describe (what kind of pets you had, where they are now, etc.):

\_\_\_\_\_

Do you have other pets now? (species/age/breed/sex): \_\_\_\_\_

Are they:  neutered  vaccinated  FeLV/FIV tested (cats)  declawed (cats)

What kind of cat(s) do you wish to adopt (age range, color, sex, short/long hair, disposition, breed)?

\_\_\_\_\_

Which veterinary clinic will you use? \_\_\_\_\_

What kind of food do you prefer to feed (wet, dry, brands)? \_\_\_\_\_

Would you prefer to adopt a declawed cat?  Yes  No One that can catch mice?  Yes  No

Cats often live to be 18 or older. Do you believe you will be able to keep your cat for its full life span?  Yes  No

What provisions will you make for the cat's future, in the event that you can no longer care for it?

Please supply appropriate references (name and phone number). We will call at least one.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. Close friend/next of kin: \_\_\_\_\_

How did you find out about our adoption program? \_\_\_\_\_

**The above information is true, and I authorize CCI to contact those listed above.**

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

ID (to be filled out by CCI representative): \_\_\_\_\_