Cats in Tow Rescue & Sanctuary, Inc.

CAT Adoption Application

Please take photos of the completed application and text to
(562) 237-8407 or email to catsintow@gmail.com
All CIT adoptable cats are listed at catsintow.org.

Kitten ☐ Cat ☐ | CAT/KITTEN'S NAME

Name:	City: Zip:
Street address where you live:	
Address where pet will live:	
How long have you lived at this address?	
Cell phone number:	Home:
Email Contact Address:	
Your occupation:	Business phone: ( )
Company:	Supervisor's Name:
Partner's occupation:	Business phone: ( )
Company:	Supervisor's Name:

Whom is the pet(s) for? Self ☐ Gift ☐ For whom? Adopter's age

If you're single: Do you live alone? Yes ☐ No ☐ Do you live with family? Yes ☐ No ☐

Do you work? Yes ☐ No ☐ What are your hours?

If you're married: Do you both work? Yes ☐ No ☐ Your hours: Partner's hours:

How many children at home? Ages

Who will be responsible for the pet? Husband ☐ Wife ☐ Children ☐ Other

Who will be responsible for the pet when you travel or go on vacation?

Do you: Own ☐ Rent ☐ House ☐ Apt. ☐ Floor # Elevator in the building? Yes ☐ No ☐

If renting, does your lease allow pets? Yes ☐ No ☐ Does it ask cats to be declawed? Yes ☐ No ☐

Landlord Name & Contact Number:

Are you moving? Yes ☐ No ☐ When?

Do you have use of a private yard? Yes ☐ No ☐ Is it fenced? Yes ☐ No ☐ Fence height:

Do you have a pet door to your garage or patio? Yes ☐ No ☐

Where will this pet(s) be kept? Indoors ☐ Outdoors ☐ Garage ☐ Other ☐

Does you or anyone in your household have any allergy to pets? Yes ☐ No ☐

How is it being treated?

Has anyone in household ever been allergic to any pets? Yes ☐ No ☐

How was it treated?

Where is the pet now?

How many other pets are at home? Yes ☐ No ☐ Type: Breed:

Where did you get the pet(s)?

How long have you had it?

-- PLEASE TURN OVER & COMPLETE PAGE 2 --

Do any have a registered microchip? Yes ☐ No ☐

Would this pet have a registered microchip? Yes ☐ No ☐ If NO, would it wear an I.D. tag?

Have you ever had a pet before? Yes ☐ No ☐ Breed

How long did you have the pet? What happened to the pet?

Have you ever adopted from this group? Yes ☐ No ☐

Where is the pet now?

Name of your current Vet:

Telephone Number:

Address:

How long have you been using this vet?

Any other vets used? Yes ☐ No ☐ Vet Name/Number

What is the highest vet bill you have paid with this vet or any other?

Do you or have you had pet insurance? Yes ☐ No ☐

Pet Insurance Company:

If you do not have it now, will you get it for this pet? Yes ☐ No ☐

Do you have a cat scratching post, tower, or boxes? Yes ☐ No ☐

Do you plan to purchase any or all of these items before bringing your pet home? Yes ☐ No ☐

How have you handled a cat scratching furniture, climbing drapes, chewing plants, jumping on counters?

What type of pet behaviors can you not accept?

What is your planned solution?

Under what circumstances would you not keep your pet?

Has this happened in the past and what did you do?

Cats may live as long as 20 years and they may need extensive medical care in their senior years, how do you plan to handle this issue?

If your pet would outlive you, do you have a plan for it care? Yes ☐ No ☐

What is it?

I agree that all my answers are true and correct. I plan to be this pet's forever parent and take humane and loving care of it.

Adopter's Signature Date:

Adopter's Signature Date: