

Adoption Application / CATS

Excelsior Springs Animal Control Center

1298 S. Marietta

Excelsior Springs, MO 64024

Phone (816) 630-0816

Name of Cat



Please tell us about yourself.

Name _____

Address _____

City/State/Zip _____

Phone (_____) _____ Phone (_____) _____

E-mail address _____



- How did you hear about us? Family/Friend – Petfinder – Facebook – Other _____
- Are all members of your household in agreement about adopting a cat? YES NO
- For whom do you want to adopt this cat? _____
- How many people live in your household? _____ Adults _____ Children
- Do any members of your household have asthma or allergies to cats? YES NO
- Tell us about the other pets you currently own.

- Do the pets you currently own get along with cats? _____
- Provide your Veterinarian’s Name, Address, and Phone number.

- Do you currently Rent? YES NO If “yes,” provide your Landlord’s Name, Address, and Phone number.

- Do you plan to move in the near future? YES NO
- Do you commit to providing a home for a cat for the next 10 to 20 years? _____
- Do you know that some cats require a period of weeks (or even months) to adjust to their new home/environment/family/other pets? YES NO
- Are you willing to allow for this adjustment period?
 YES NO, I prefer a cat who will adjust quickly NOT SURE



Please tell us about the kind of cat you are looking for.

- Type of cat desired: (check all that apply)
 - Adult
 - Declawed
 - Long haired
 - Mellow
 - Lap Cat
 - Kitten
 - Indoor Only
 - Short haired
 - Semi-Active
 - Likes Other Cats
 - Male
 - Indoor/Outdoor
 - Companion
 - Very Active
 - Likes Dogs
 - Female
 - Outdoor Only
 - Mouser
 - Independent
 - Likes Kids

- Check the statement that best describes your home environment.
 - Calm and Quiet with few activities and little company.
 - Occasionally busy with family activities and some company.
 - Always busy with family activities and frequent company.

- Who will be primarily responsible for the *care of your new cat?
* feeding, grooming, cleaning up after, exercising, training
 - Adults
 - Children
 - Pet Sitter
 - Other _____

- The cat will be alone (without human companionship) for approximately _____ hours _____ days a week.

- Where will the cat stay during the day?
 - Inside House Loose
 - Inside House confined to a room
 - Inside House kenneled or crated
 - Garage/Porch
 - Outside

- Where will the cat stay at night?
 - Inside House Loose
 - Inside House confined to a room
 - Inside House kenneled or crated
 - Garage/Porch
 - Outside

- Do you plan to de-claw your new cat/kitten? YES NO NOT SURE

- What circumstances might justify giving up a cat? (check all that apply)
 - Moving
 - Divorce
 - Vet Expenses
 - None
 - Allergies
 - Shedding
 - Travel
 - Other
 - New Baby
 - Destructive Scratching
 - Behavior Problems
 - New Dog or Cat
 - Not Using Litterbox
 - Children lost interest

- I **DO / DO NOT** have Animal Control Laws where I live.
- I **DO / DO NOT** need a City License for pets where I live.

Please use the back of this page to tell us anything else you would like for us to consider.

Please Sign & Date your application _____

