

Cage#, if known _____
Animal Ref. ID, if known _____

Cat Adoption Application

Name _____ Email address _____

Address _____ City _____

Phone _____ Alternative Phone _____

Place of employment _____

Who will be the primary person responsible for the care and cost of your new pet? _____

Please list the number and ages of people in your household: _____

Thank You for considering adopting a pet from Chesapeake Animal Services. Adopting a cat is a long term commitment as the typical lifespan of a cat is 15-20 years. Our goal is to help make the best match for you and the cat you are interested in. The following questions will help us in achieving that goal.

Please circle all applicable answers below:

Why are you interested in adopting a Cat? Addition to the Family Gift for Someone Barn Cat

Where will your pet live? Always outside Always inside Inside with access to outside

How many hours per day will the cat be left alone? 1-4 hours 5-9 hours 9+ hours

Where will the cat be kept when left alone: Outside Inside living area Garage

Do you: Rent or Own a: House Townhouse Condominium Apartment Mobile home

If you rent your home or property, have you obtained permission from the landlord to have a pet? Yes No

Are you planning to move? Yes No If yes, will the animal move to your new residence? Yes No

Do you understand that almost all cats shed and that some cats may need regular grooming to prevent matting?

Yes No

What personality traits are you looking for in a cat? Playful Energetic Lazy Lap cat

Timid Social

Do you understand declawing a cat is actually amputating the first knuckle of each toe and can cause the animal phantom pain, anxiety and behavioral issues for many years? Yes No

We would prefer that adopters not declaw cats. Would you be interested in learning how to trim the nails of a cat?

Yes No (We can also provide you with information for ways to deter scratching)

Have you ever rehomed an animal before? Yes No If yes explain: _____

Do you have a veterinarian now? Yes No If yes, provide Veterinary Clinic Information: _____

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Please complete the section below for any and all pets that you have had in the past 5 years:

Breed	Spayed or Neutered?	Where is the animal now?	Office Use: Vaccine/License Expiration

Have you ever been convicted of Animal cruelty, neglect, or abandonment? Yes No

If Yes, Explain: _____

Have you ever been convicted of domestic violence or any anger related offenses? Yes No

If Yes, explain: _____

By signing below, I acknowledge and certify that:

I am up for the challenges associated with integrating a new pet into my household. This includes keeping current identification on my pet in the event that my pet should go missing, medical costs, abiding by state and local laws, as well as attending to any grooming needs my new pet may have.

Pursuant to Virginia Code section 3.2-6574 and City Code § 10-44.1 every new owner of a dog or cat adopted from a releasing agency shall cause to be sterilized the dog or cat... Anyone who violates this requirement is subject to criminal and civil penalties.

Submitting an application is not a guarantee that an animal adoption will be approved.

The information herein provided by me is true and correct, and CAS is authorized to verify such information as necessary.

Applicant's signature _____ **Date** _____

Agency Witness signature _____ **Date** _____

OFFICE USE

Cat introduction/ visitation notes: _____ _____
Agency Witness Initials: Approved: _____ Denied: _____
If denied, reason: _____ _____