



# The Shamrock Pet Foundation, Inc.

P.O. Box 24033 • Louisville, KY 40224-0033 • (502) 585-3220

## Cat Adoption Application

Please fill out the application below to the best of your ability. In the menu on the right, click on "fill & sign" then fill in the blanks and click on the SUBMIT button below. One of our members will be in contact with you once we receive and process your application.

Date \_\_\_\_\_

### Applicant Information

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Number of adults currently living in household \_\_\_\_\_  
Number of children currently living in household \_\_\_\_\_  
Ages of children (under 18) \_\_\_\_\_

### What is Your Home Situation?

\_\_\_ Own \_\_\_ Rent  
\_\_\_ House \_\_\_ Townhome \_\_\_ Patio Home \_\_\_ Farm  
\_\_\_ Apartment – what floor? \_\_\_\_\_  
Are you allowed to have a cat? \_\_\_\_\_  
Size limit? \_\_\_\_\_  
How much is the pet deposit? \_\_\_\_\_  
Is there an additional monthly charge per pet? \_\_\_\_\_  
Property Manager's Name and Phone Number: \_\_\_\_\_  
\_\_\_\_\_

### What will be Your Cat's Living Situation?

Active or sedentary lifestyle? \_\_\_\_\_  
What type of cat are you looking for?  
\_\_\_ Inside \_\_\_ Outside \_\_\_ Inside/Outside  
Do you plan to declaw this cat? \_\_\_ Yes \_\_\_ No  
If yes, check one: \_\_\_ Front Only \_\_\_ All Four  
Where will the cat stay...  
--at night? \_\_\_\_\_  
--when you are at work? \_\_\_\_\_  
--when you are out of town? \_\_\_\_\_  
--during an emergency? \_\_\_\_\_  
If you move, what will you do with your cat? \_\_\_\_\_  
\_\_\_\_\_

*Please be assured we will do everything we can to make sure the cat you adopt from us will be the best match for your lifestyle and living situation.*

### Applicant's Preference

Do you already know which cat you want to adopt?  
\_\_\_ Yes \_\_\_ No (If No, skip down 3 lines.)  
What is the cat's name? \_\_\_\_\_  
How did you hear about this cat? \_\_\_\_\_  
What type of cat do you want to adopt? \_\_\_ Male \_\_\_ Female  
Breed: \_\_\_\_\_ Age: \_\_\_\_\_  
Size: \_\_\_\_\_ Color: \_\_\_\_\_  
Do you have a dog or cat now? How many?  
\_\_\_ Yes, \_\_\_ dog(s). \_\_\_ Yes, \_\_\_ cat(s). \_\_\_ No pets currently.  
Are all your animals spayed or neutered? \_\_\_ Yes \_\_\_ No  
If no, why not? \_\_\_\_\_  
Have you ever given a pet away (to a person or shelter) or sold it?  
\_\_\_ Yes \_\_\_ No If yes, why? \_\_\_\_\_

List the dogs and cats you have owned in the past five years. List ages.  
Dog \_\_\_\_\_ Cat \_\_\_\_\_  
Dog \_\_\_\_\_ Cat \_\_\_\_\_  
Dog \_\_\_\_\_ Cat \_\_\_\_\_  
Dog \_\_\_\_\_ Cat \_\_\_\_\_

Name of your vet: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

### Please provide us with at least two references who are not living at the same address as you:

Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_

*I give permission for a representative of the Shamrock Foundation to verify the information on this form.*

Applicant's Signature \_\_\_\_\_

\*\*\*\*\*  
**DO NOT WRITE BELOW THIS LINE**

Accepted \_\_\_\_\_  
 Declined \_\_\_\_\_

SHAMROCK PET FOUNDATION Representative

Date  
Rev. 4/1/17