



# The Shamrock Pet Foundation, Inc.

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

[cats@shamrockpets.com](mailto:cats@shamrockpets.com)

## Cat Adoption Application

Please fill out the application below to the best of your ability, save it to your computer, and send it back to us via email at [cats@shamrockpets.com](mailto:cats@shamrockpets.com). If you are using the SUBMIT button from our website, please read the instructions on the drop-down menu for "Adoptable Cats" under the "Adoptions" tab. If you need help filling out the form and sending it, please contact us with your phone number and the best time to call you back.

Date \_\_\_\_\_

### Applicant Information

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Email 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?  No pets currently.  
 Yes, \_\_\_\_\_ dog(s).  Yes, \_\_\_\_\_ cat(s).  Other \_\_\_\_\_  
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. (Please note if alive or deceased.)  
Name/Age/Breed \_\_\_\_\_  
Name/Age/Breed \_\_\_\_\_  
Name/Age/Breed \_\_\_\_\_  
Name/Age/Breed \_\_\_\_\_  
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  
CAA – Rev 12/30/18