



The Shamrock Pet Foundation, Inc.

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

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. 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