



Idyllwild Animal Rescue Friends
P.O. Box 719, Idyllwild, CA 92549 951-659-1122

CAT ADOPTION APPLICATION

Name _____

Physical Address _____

Mailing address if different _____

Email address _____

Cell phone (____) _____ other phone (____) _____

Number of people at home _____ Ages of children at home _____

Employer _____

Employed: ___ Full time ___ Part time Work at home? _____

How many hours will your cat be left alone per day? _____

Do you live in a ___ House ___ Apartment ___ Condo ___ Mobile Home

How long have you lived at this address? _____ years _____ months

Do you ___ own ___ rent/lease

If you rent, landlord's name _____ Phone (____) _____

May we inspect your living facilities? _____

Does your home have a doggy door? _____ Unscreened windows? _____

Where will this cat be kept? ___ In the house ___ Garage ___ Yard ___ Barn

Do you plan to take the cat outdoors in your company? _____

Household activity level ___ Quiet ___ Active ___ Very active

Who will be responsible for the care and feeding of this cat? _____

Do you have a local veterinarian? _____ If so, his/her name _____

Do you believe in regular veterinary care (check-ups, booster vaccinations, etc)? _____

Will you agree to *never* have this cat declawed? _____

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Are you able to afford regular veterinary care? _____

Are you able to afford emergency veterinary care? _____

If your cat has an emergency, and you do not have the funds necessary for medical care, what will you do? _____

Kitten adoptions: Will you agree to work with ARF to have this cat neutered/spayed when the time is appropriate? _____

What arrangements will be made for the cat when you travel? _____

Have you ever had a cat/kitten as part of your family? _____

What other pets currently reside in your home?

DOG/CAT	AGE	SEX	SPAYED/NEUTERED?

Kitten/cat's name _____

Adoption fee \$ _____

Signature

Date

ARF representative signature

Emergency contact: Name _____

Contact phone(s): _____