



# CAT/KITTEN ADOPTION APPLICATION

Pet Pro Life Adoption & Placement, Inc.

P.O. Box 3653 Huntington Beach, CA 92605

Ph: (714) 964-3593 Fax: (714) 968-5388

Approval Status

PPL (initial)

This is not a test and completion of this document **does not** imply a guarantee of approval for adoption of any Pet Pro Life animal. Please answer each question completely. Do not skip any questions. This document is the property of Pet Pro Life, Inc. and may not be altered, removed from the premises, or destroyed. It must be surrendered to Pet Pro Life, Inc. upon demand.

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Home Street Address: \_\_\_\_\_ Apt # \_\_\_\_\_ Hm Ph: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Wk Ph: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Years There \_\_\_\_\_

1. Cage # &/or name of cat you are interested in \_\_\_\_\_ How long looking for a cat? \_\_\_\_\_

2. What breed of cat are you looking for? \_\_\_\_\_ Age? \_\_\_\_\_ Sex M  F

3. Type of housing (Check all that apply)  Rent OR  Own -  Condo  House  Mobile Home  Rent Apartment  Military  Live w/Parents/Relatives. How long at this address? \_\_\_\_\_ Years \_\_\_\_\_ Months. If you rent, provide your landlord's or rental complex name and phone number \_\_\_\_\_

4. Where do you plan to keep your cat?  Indoor Only  Outdoor Only  Indoor/Outdoor  Other \_\_\_\_\_

5. Who will be responsible for the cat's care? \_\_\_\_\_

6. Do you have any children in your home? If yes, please list ages \_\_\_\_\_

7. Do you have any roommates? If yes, how many? \_\_\_\_\_

8. Describe all CURRENT pets

Type of Pet (Breed)	Age	Sex	Spayed / Neutered	Kept In or Out	How Long Owned

9. Describe pets PREVIOUSLY owned:

Type of Pet (Breed)	Age	Sex	Spayed / Neutered	Kept In or Out	How Long Owned

10. Does anyone in your family, or home, have a history of cat allergies? \_\_\_\_\_

11. If your pet had a behavioral problem, what would you do?  Ask Vet  Take to shelter  Give away  Call trainer  Train yourself  Call PPL  Other – please describe \_\_\_\_\_

12. Do you plan to declaw? (if you don't know what declaw means, ask PPL for explanation before answering) \_\_\_\_\_

13. I would consider getting rid of this cat if it \_\_\_\_\_

14. Who is your family veterinarian? \_\_\_\_\_

15. What would you do if your cat required expensive veterinary care? How much would you spend? \_\_\_\_\_

16. What would happen to this cat if you were to move? \_\_\_\_\_

17. When you go on vacation, who will care for your cat? House sitter Kennel Friend/Relative Other \_\_\_\_\_
18. Length of time cat will be left alone \_\_\_\_\_ hours.
19. Reason for wanting this cat Companion Companion for pet Other \_\_\_\_\_
20. Activity Level Preference Low (*lapcat*) Medium High(*very playful*)

Please provide two personal references that we can reach **today** — *Please, NO RELATIVES*

1. Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Relationship: \_\_\_\_\_ # of years acquainted \_\_\_\_\_
- 
2. Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Relationship: \_\_\_\_\_ # of years acquainted \_\_\_\_\_
- 

As evidenced by my signature hereunder, I attest that the answers I have given in this document are true and factual to the best of my knowledge and that I have not misrepresented myself in any way. I understand that Pet Pro Life, Inc. reserves the right to decline my application for adoption for any reason.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**REMEMBER — FILLING OUT THIS APPLICATION IS NOT A GUARANTEE OF ADOPTION**

⌞ DO NOT WRITE BELOW THIS LINE ⌞

References verified by \_\_\_\_\_ Date \_\_\_\_\_

Response #1 Favorable Unfavorable Response #2 Favorable Unfavorable

DQ List Check Approved Denied Pet Pro Life Volunteer Signature \_\_\_\_\_

List DQ Questions Numbers \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_