

BARN CAT BUDDIES PET CAT ADOPTION FORM



First Name: _____ Last Name: _____

E-mail: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred method of contact: Phone E-mail Date of birth: _____

How long have you been living at the above address?

Less than 1 year 1-2 years 3-5 years Longer

Do you own or rent? _____

If renting, landlords name and number: _____

Who will be responsible for your pet cat(s): _____

Do you intend to declaw your cat? _____

Have you ever had an animal euthanized? _____

Have you previously had pet cats? Yes No

Are there children in the home? Yes No If yes, please list ages: _____

Do you live near a busy road? Yes No Proximity of home to road: _____

If you should move, what would you do with your cats? _____

Have you owned pets in the last 2 years? Yes No

If yes, please list: _____

If you live with dogs, are they cat-friendly? Yes No Unsure

Where will your cats be located?

Outdoors Indoors Both

Have you ever brought an animal to the shelter or to a rescue agency? If so, why? _____

Do you want this cat as a companion for another cat and/ or other pets? _____

If you have other pets, how will you help them adjust to a new pet in the house? _____

If you go away for a few days, or on a vacation, who will take care of the cat? _____

How many hours per day will your cat be without human companionship?

Never 1-2 hours 3-5 hours Longer

Is everyone in the household in agreement with this adoption? Yes No Unsure

Are you willing to have a BCB representative visit the animal(s) that you adopt? Yes No

Are you prepared to be responsible for this cat for the next 10 to 20 years? Yes No

Are you employed? Yes No Retired

what provisions will you make for the cat should you become unable to care for them?

Vet/ Clinic Name: _____ Vet/ Clinic phone number: _____

Is there anything else that you would like for us to know while considering this application?

Please list two non-family references that we may contact to discuss your application:

First Name: _____ Last Name: _____

Phone: _____

First Name: _____ Last Name: _____

Phone: _____

I certify that the above information is true. False statements will render
this application null and void.

Applicant Signature: _____ Today's date: _____

Co-Applicant Signature: _____ Today's date: _____