



ANIMAL ADOPTION LEAGUE
 PO Box 2453
 Rock Hill, SC 29732

APPLICATION FOR FELINE ADOPTION

Date:	Name of cat desired:	Color(s):
Age of cat desired:	Oldest cat considered:	Approx. weight as an adult cat:
Applicant Information		
Name:		
Address:		
City:	State:	Zip:
Telephone numbers: Home:	Work:	Cell:
E-mail Address:		Date of Birth:
Are you presently: <input type="checkbox"/> Employed Employer:		<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student
Number of People in Household:	If children are in the household, please list ages:	
Are you or any member of your family allergic to pets: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Co-Applicant Information		
Name:		Relationship:
Telephone numbers: Home:	Work:	Cell:
E-mail Address:		Date of Birth:
Are you presently: <input type="checkbox"/> Employed Employer:		<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student
General Information		
Type of residence: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Farm/Barn		
If rental, are cats allowed?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Complex name/address:		
Manager/Landlord:		Phone number:
Current housing location: <input type="checkbox"/> City Limits <input type="checkbox"/> Outside City Limits		
Type of street: <input type="checkbox"/> Very busy road <input type="checkbox"/> Slight traffic <input type="checkbox"/> Residential area <input type="checkbox"/> Country road		Speed limit:
Where will cat live? <input type="checkbox"/> Inside only <input type="checkbox"/> Outside only <input type="checkbox"/> Mostly inside <input type="checkbox"/> Mostly outside		
Where will the cat spend nights? <input type="checkbox"/> Inside <input type="checkbox"/> Outside		
Will you allow the cat to run loose? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, where?
How many hours per day will the cat be alone?		Where will the cat stay when left alone?

To check the Checkboxes () press the spacebar over the applicable answer.



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Describe the activity level in your home:	<input type="checkbox"/> Busy (visits by friends, meetings, children, parties at home) <input type="checkbox"/> Noisy (TV, stereo, machinery, tools, children playing, dogs barking) <input type="checkbox"/> Moderate (Normal comings and goings) <input type="checkbox"/> Quiet (homebodies, few guests) <input type="checkbox"/> Other (specify)			
In the absence of the primary caregiver, who will care for the cat?				
Under what circumstances would you return the cat to us? <input type="checkbox"/> New Job <input type="checkbox"/> Divorce <input type="checkbox"/> New Baby <input type="checkbox"/> Move <input type="checkbox"/> Illness <input type="checkbox"/> Other – specify				
Are you willing to take responsibility if this pet acquires an illness? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you willing and able to pay the veterinary costs of caring for your new pet? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you consider your cat a part of the family? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you plan to declaw your cat? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How much time are you prepared to allow for your new pet to adjust to your home?				
Pet Information				
Have you had pets in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, complete the following chart			
<i>Name of Pet; Type of Pet</i>	<i>Years Owned</i>	<i>Spayed/Neutered</i>	<i>Inside/Outside</i>	<i>Where is Pet Now?</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
Current or past vet name of clinic:			Phone:	
Do you consider your cat a part of the family? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you aware that a cat is a large and lifelong commitment? <input type="checkbox"/> Yes <input type="checkbox"/> No				
How did you hear about the AAL?			Would you like to become a volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Personal References				
# 1 Name:			Relationship:	
Phone:			Best time to contact:	
Comments:				

To check the Checkboxes (☐) press the spacebar over the applicable answer.