

**ANIMAL FRIENDS OF NORTH CENTRAL WEST  
VIRGINIA (AFNCWV)**

**CAT ADOPTION APPLICATION**

Cat's Name \_\_\_\_\_ A.F.# \_\_\_\_\_ Today's Date \_\_\_\_\_

**Adopter's Info.** \_\_\_\_\_ Over 60 years old? \_\_\_\_\_ Under 21 years old?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

**Household & Additional Information**

How long have you lived at this address? \_\_\_\_\_

Do you: \_\_\_ Own \_\_\_ Rent \_\_\_ Live with parents \_\_\_ Live alone

If you rent, what is your landlord's name & phone number?

\_\_\_\_\_

How many cats do you currently have? \_\_\_\_\_

Is this your first cat? \_\_\_ Yes \_\_\_ No How many other cats have you had? \_\_\_\_\_

What happened to these cats? \_\_\_\_\_

\_\_\_\_\_

What other pets do you currently have? Please list them below.

Type of Pet	Breed	Age	Spayed Neutered	Length of Ownership	Date Last Vet Checked
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Why do you want this cat? \_\_\_\_\_

Will this cat live \_\_\_ indoors or \_\_\_ outdoors? If indoor, will it have outdoor access? \_\_\_ If so, what type of access? \_\_\_\_\_

If you have other cats, are they allowed outside? \_\_\_ Yes \_\_\_ No

Will you declaw this cat? \_\_\_ Yes \_\_\_ No

Would you prefer a declawed cat? \_\_\_ Yes \_\_\_ No

If you have other cats, are they declawed? \_\_\_ Yes \_\_\_ No

What will you do with this cat if for any reason you can no longer keep it? \_\_\_\_\_

Please list all the human members of your household below.

Name	Gender	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Who is/was your veterinarian? \_\_\_\_\_

For how long? \_\_\_\_\_ Telephone number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you financially prepared to give this cat BOTH routine and emergency medical care? \_\_\_ Yes \_\_\_ No If no, what are your limitations? \_\_\_\_\_

Would you **object** to a **visit** or **call** from us to see how you and your new cat are doing? \_\_\_ Yes \_\_\_ No If yes, why? \_\_\_\_\_

Are you familiar with feeding requirements for a cat/kitten? \_\_\_ Yes \_\_\_ No

**My signature certifies the above information is true and correct.**

\_\_\_\_\_  
Adopter Date

**It is the right of AFNCWV to refuse adoption to anyone for any reason.**

Application Reviewed By: \_\_\_\_\_

Application \_\_\_ Approved \_\_\_ Denied \_\_\_ Date