



P.O. Box 94 | Meadowlands, PA 15347  
390 Old Hickory Ridge Road | Washington, PA 15301  
724-229-7053 | www.angelridgeanimalsrescue.org

Date: \_\_\_\_\_  
Cat: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Sex: \_\_\_\_ Age: \_\_\_\_ ID: \_\_\_\_\_  
Fee: \_\_\_\_\_

## CAT ADOPTION APPLICATION

### ADOPTER INFORMATION

Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_ Age over 21: \_\_ YES \_\_ NO  
Employed by: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Hours at Work Per Week (If Employed): \_\_\_\_\_

### OTHER RESIDENTS' INFORMATION

Spouse/Partner/Roommate: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Hours at Work per Week: \_\_\_\_\_ Number of adults living at home: \_\_\_\_\_ Number of children living at home: \_\_\_\_\_  
Ages: \_\_\_\_\_ Have they lived with cats? \_\_ NO \_\_ YES Any problems: \_\_\_\_\_  
Is anybody in the home allergic to cats: \_\_ NO \_\_ YES

### PERSONAL REFERENCES (THREE)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip: \_\_\_\_\_

### VETERINARIAN INFORMATION

Name: \_\_\_\_\_ Clinic/Office: \_\_\_\_\_ Tel: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip: \_\_\_\_\_

### PLEASE DESCRIBE YOUR EXPERIENCE WITH CATS

Why do you want a cat? \_\_\_\_\_  
Why did you choose this cat? \_\_\_\_\_  
Have you owned a cat in the past? \_\_ NO \_\_ YES Can you commit to care for the cat's entire life? \_\_ NO \_\_ YES  
Have you had a cat that did not work out in your home? \_\_ NO \_\_ YES What happened to it? \_\_\_\_\_

## OTHER PETS

How many cats do you have? \_\_\_\_\_ Ages: \_\_\_\_\_ Declawed:  NO  YES

Any behavior problems? \_\_\_\_\_ Have they lived with cats?  NO  YES

Please list any other pets in the home: \_\_\_\_\_

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## YOUR HOME

Type of home:  Apartment  Townhouse  Duplex  Single Family  Mobile

Own or rent? \_\_\_\_\_ If you rent, do you have written permission from your landlord to have a cat?  NO  YES

Landlord's Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Yard size: \_\_\_\_\_ Fully Fenced:  NO  YES Fence Height: \_\_\_\_\_ Is any of it fenced? Front: \_\_\_\_\_ Back: \_\_\_\_\_

Are there any community restrictions on cats?  NO  YES (detail) \_\_\_\_\_

## THE CAT'S LIFE

Where will your new cat spend his/her days? (check all that apply)

Indoors  Basement  Garage  Locked in Room  Fenced Yard  Outside

Where will your new cat spend his/her nights? (check all that apply)

Indoors  Basement  Garage  Locked in Room  Fenced Yard  Outside

## HOME VISIT

I agree to allow Angel Ridge to visit my home by appointment as part of the application process, if necessary.

## APPLICATION INFORMATION

All of the information provided in this application is true and correct. If any of the information changes, I/we will advise you

promptly: Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Spouse/Partner/Roommate Signature: \_\_\_\_\_