



# Providence Animal Control CAT Adoption Application



Log # \_\_\_\_\_ Cage #: \_\_\_\_\_ Sex: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

**APPLICATION DOES NOT GUARANTEE APPROVAL**

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Name of Primary Caretaker/Legal Owner: \_\_\_\_\_

Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Address where pet will reside: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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1) Please list everyone who will live with, care for or frequently visit this pet:

Gender	Age	Will live with cat	Will visit	Will care for	Has met this cat
M / F					
M / F					
M / F					
M / F					
M / F					

2) Please describe your living situation: (circle answer)

A) Single-family home      Multi-family home      Apartment      Condo      Duplex      Dorm

B) Homeowner                  Renter                  With parents

3) How long have you lived at the above address? \_\_\_\_\_

4) Homeowner/Landlord Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
**(If you rent, a notarized letter of permission for THIS particular cat is required.)**

5) Do you plan to de-claw this cat? Yes / No / Unsure

6) Will the cat be allowed outside? Yes / No / Unsure / Only when supervised

7) Please describe your neighborhood: Rural      City      Quiet      Noisy      Busy street

8) Average number of hrs. the cat will be home without people: \_\_\_\_\_ hrs, \_\_\_\_\_ days per wk

9) Where will the cat be kept when you are not home (ex. Work, outings)? (circle answer)

Loose in house    Crate    Confined to room/area of house    Finished basement    Unfinished basement

Other: \_\_\_\_\_

11) Where will the cat be kept at night? (circle answer)

Loose in house    Crate    Confined to room/area of house    Finished basement    Unfinished basement

Other: \_\_\_\_\_

12) Please describe all animals this cat will live with or frequently visit:

Species	Breed(s)	Age	Sex	Spayed/Neutered	Live together	Visit frequently

13) Please describe any past cats you have owned:

Breed/Mixes	Spayed/Neutered	Age	Yrs. Owned	Where is cat now?

14) List any past veterinarians or veterinary clinics you took your pet to:

\_\_\_\_\_

15) Does anyone in your home have cat allergies? (Yes / No / Unsure )

**The information I have provided is accurate and true to the best of my knowledge and I authorize Providence Animal Control to verify any information I provided. It is in my understanding that any false information will result in adoption refusal. I understand Providence Animal Control may refuse any adoption.**

\_\_\_\_\_  
Print Applicant Name

\_\_\_\_\_  
Applicant Signature

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**STAFF USE ONLY**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Denied by: \_\_\_\_\_ Reason for denial: \_\_\_\_\_