

Chico Cat Coalition

www.chicocatcoalition.org

P.O. Box 4214
Chico, CA 95927

Adoption Application

(530)894-1365
mail@chicocatcoalition.org

About You

Cat(s) you are interested in adopting _____ Date _____

Name _____ Phone _____

Address _____ City/Zip _____

Email _____ DL# _____

Place of Employment _____ Are you a student? _____

Type of Residence __ House __ Mobile Home __ Apartment __ Other _____

Do you __ Own __ Rent __ Live with Parents __ Live with Roommates __ Other _____

If you rent, do you have landlord approval or a pet policy in your lease? _____

Landord's Name _____ Phone _____

How long have you lived at this address? _____ Do you have plans to move? _____

What would you do if you moved to a home where pets were not permitted?

About Your Family

Who will be the primary caregiver of this cat? _____ Have they had cats before? _____

How many adults in the home? _____ How many children? _____ Their ages? _____

Is anyone allergic to cats? _____ Household activity level __ High __ Medium __ Low

In the event of an emergency, how would you care for your cat? What arrangements would you make? _____

About Your Current Pets

Name	Species	Breed	Age	Gender	S/N	Had how long?	Up-to-date Vacc?
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Are your cats __ indoor __ outdoor __ indoor/outdoor __ barn cats __ declawed

Does your dog(s) get along with cats? _____ Does your cat(s) get along with cats? _____

Veterinarian Name _____ Phone _____

Pet History

Did you have pets growing up? ___ Have you ever been the primary caregiver? _____

Have you ever given a pet away, sold, surrendered, or returned to a rescue? _____

If yes, please explain _____

Have you had a pet lost or stolen? ___ Have you had to retrieve a pet from the pound? ___

Have you had an animal hit by a car, poisoned, or die suspiciously? _____

Pets owned in the last 5 years (in addition to current pets listed previously)

Name Species Breed Owned how long? What happened? How long ago?

Plans for Your New Cat

This cat is being adopted for ___ myself ___ children ___ friend/relative ___ current cat

The cat will live ___ indoors ___ outdoors ___ both ___ barn ___ not sure

Do you plan to declaw this cat? ___ yes ___ no ___ not sure

Are you aware CCC opposes declawing cats for any reason? _____

Type of cat desired (check all that apply)

___ kitten (< year) ___ adult (1-7 yrs) ___ senior (7+ yrs) ___ male ___ female

___ short hair ___ long hair ___ very active ___ laid back ___ lap cat

___ sweet ___ playful ___ independent ___ intelligent ___ affectionate

___ curious ___ talkative ___ large ___ small ___ declawed

Additional qualities you are looking for _____

Are you aware some cats take several weeks or longer to adjust to a new home? _____

Are you willing to give this cat all the time it needs to adjust? _____

Are you willing to seek help for manners like litter box use, scratching, or roughness? ___

Bad cat habits you are NOT willing to tolerate _____

Are you aware cats need yearly vet checkups? ___ Estimate yearly cost of cat care? _____

Are you aware cats can live to be 20 years old or more? _____

Are you willing to take care of this cat for its entire life? _____

The information I have given is truthful and accurate. I understand CCC has the right to deny any application. I give permission for the CCC to call my veterinarian listed above. I understand that a home delivery of the cat I wish to adopt is required upon adoption approval and that the adoption is not considered complete until the Adoption Coordinator or CCC Representative approves the home condition.

Applicant's Name

Applicant's Signature

CCC Representative

CCC Rep Signature