

**GRASP**



# Cat Application

Are you applying to:  Adopt  Foster

Cat's Name (or type of cat):

Your Name

Address

City, State, and Zip

Home Phone

Occupation

Employer

Work Phone

Email Address

How many adults in household?

Number and ages of children?

Are all adult members of the household in agreement about adopting?  Yes  No

Who will be responsible for the pet?

Maximum number of hours pet will be left alone daily?

Are any household members allergic to pets?  Yes  No

Are you moving in the next 12 months?  Yes  No

Do you own or rent your home?  Own  Rent

If renting, list name and phone number of landlord:

If you have other cats, list age and gender of each:

Are they spayed/neutered?  Yes  No

Declawed?  Yes  No

Up to date on vaccinations?  Yes  No

Do they go outside?  Yes  No

If so, how often?

If you have dogs, list age and breed of each:

Are they spayed/neutered?  Yes  No

Up to date on vaccinations?  Yes  No

If not, why?

Have you had other pets in the past five years?  Yes  No

If so, for how long and what happened to them:

Will your new cat be declawed?  Yes  No

Permitted to go outside?  Yes  No

Name and phone number of all veterinarians you've taken pets to within the past two years:

Have you applied to adopt a pet through any animal rescue organization within the past 12 months?

Yes  No

Do you agree to a home visit by a GRASP member?  Yes, I agree  No, I don't agree

*By submitting this form I hereby certify that all statements are true to the best of my knowledge.*