

Cromwell Animal Control Cat Adoption Application

OFFICE USE ONLY	
Application Received:	_____
Date of Visit:	_____
Pet Seen Today:	_____
References Checked:	Y N
ACO Contacted	Y N
Recommendation:	_____

Note: Application MUST be completed In Full. If you are unable to answer a question please state Why.

First Name: _____ Last Name: _____

Co-Applicant _____

Street Address _____

City _____ Zip Code _____

Mailing Address if different _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-Mail Address _____

A complete answer to the following questions will enable us to become more familiar with your request and requirement and will help us find the shelter cat to match your needs and expectations.

Age desired: Any, Specific Age, Senior (8 years and older) _____

Is there a specific cat from our website that you are interested in? _____

If, so which one is it? (if there is more than one cat with the same name, please specify color, gender or anything that would allow us to distinguish it from the other cat? _____

Why are you interested in this particular cat? Please be specific. _____

Would you consider a Special Needs cat? Such as one who requires medication for a permanent but controlled condition? _____

Will you accept a mixed breed? _____ Male or Female? _____

Activity Level High, Med, Calm? _____

Ages of all family members? _____

Do they or other family members live with or visit you? _____

Do they share your interest in adopting a cat? _____

Who is the cat primarily for? Adult Child Elderly Other explain_____

Who will care for the cat?_____

Does anyone in your household have allergies?____If Yes, to what allergens?_____

May we visit you home prior to application approval?____If Yes, when?_____

Please list all the pets you have owned in the past five years:

Species/ Name/Breed	Sex	Altered?	What happened to this pet?

Please provide the **NAME, ADDRESS and PHONE NUMBER** of your current veterinarian:

PLEASE CONTACT YOUR VET TO RELEASE MEDICAL INFORMATION – Failure to do so may delay your application.

Please provide any other veterinarian that you have used for the past three years:

How long have you lived at your current address?_____ Do you own or rent?_____

If less than three years please provide your previous address:

Renters please provide landlords name and phone number _____

Do you have permission from your landlord to have a cat?_____

If so how many? _____ A letter from your landlord may be required.

Will the cat be let outside? _____ Will the cat be de-clawed? _____

Have you ever adopted a shelter animal before?_____

Are you aware that shelter animals need time to acclimate to a new family? _____

Are you aware that routine costs of maintaining a animal averages \$500. per year?_____

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

If yes, Why? _____

Please tell us why you want a shelter animal instead of from a pet store or breeder:

When you move what will you do with your cat? _____

Please tell us how you became aware of the animal you are interested?

If you have any special requirements or requests for a cat, please let us know so that we can more carefully match a cat to your lifestyle.

I/we attest that he information provided on this application is true and accurate to the best of my/our knowledge I/we attest that we have been informed that upon adopting a cat, an animal control officer may visit said cat at any time with no notice given, to check on the well-being of a adopted animal.

We/I attest that completion of this application is NOT a guarantee of receiving a pet. We DO NOT adopt animals on a 'First Come-First Serve' Basis. Cromwell Animal Control's utmost goal is to match the right pet with the right forever home.

Applicants Signature

_____ Date _____

Co-Applicants Signature

_____ Date: _____

**Please complete and return to:
Cromwell Animal Control
5 West Street
Cromwell, CT 06416
860-635-2256 x29 860-613-2934 (fax)**