



A 501c3 Charitable Organization
793 South Tracy Blvd., PMB 133, Tracy CA 95376
Ph: 209.642.4324 | AnimalRescueTracy.org

Cat Adoption Application

This form and a consultation with an ART representative are designed to help you find the cat most compatible with your lifestyle.

In order to be considered as an adopter you must:

- Be 18 years of age or older
- Have the knowledge and consent of your landlord in writing if you currently rent.
- Have identification showing your present address. (i.e. drivers license)
- Be able and willing to spend the time and money necessary to provide training, medical treatment and proper care for a cat.

Completion of this application does not guarantee adoption of an Animal Rescue of Tracy cat. Please print all information. All questions must be completed.

Name of Applicant: _____ Age: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Phone # _____ Cell # _____

Email Address: _____

Which cat(s) are you interested in: _____

Is this your first cat? _____

What, if any, kind of pets have you had in the past? _____

Which of these pets do you still have (include age, sex and breed)

Breed _____ Sex M F Age ____ Spayed/Neutered Y N

Current on Vaccinations: Y N (if no, why?) _____

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What happened to the ones you no longer have? _____

Have you ever turned a cat into a shelter? Y N

If yes, why? _____

Have other cats in your household been tested for feline leukemia? Y N

Have they been tested for FIV? (feline immunodeficiency virus?) Y N

Are they de-clawed? Yes No (please circle one)

If you currently have pets, will they adjust to a new cat? Y N

Why do you want to adopt a cat? (please circle all that apply):

Companion Companion for other pet House pet Barn cat

Mouser Office cat Other

If other, please explain _____

How many adults in your family? _____ How many children? _____

Childrens ages: _____

Are all adults in your household aware that your adopting a pet? Y N

Does any member of your household have allergies to animals? Y N

If yes, please explain _____

Is someone home during the day? Y N

How many hours a day will the cat be without human companionship?

Which do you live in? (please circle one):

House Apartment Condo Mobile home Other

If other, please explain_____

Do you own or rent your home? Own Rent

If you rent, may we contact the owner to obtain permission for this pet
to live in your home? Y N

Do you have written consent from the landlord? Y N

Owners Name:_____

Owners Phone:_____

Will your cat stay indoors all the time? Y N

Do you have a dog or cat door? Y N

Will you have the cat's nails clipped? Y N

Will you have the cat de-clawed? Y N

Will you be willing to keep your cat up to date on vaccinations? Y N

How much are you willing to spend on medical bills for your cat?

(please circle one):

Up to \$100 Up to \$200 Up to \$500 Whatever it takes

What will you do if the vet bills go over this amount?

Who is your veterinarian?_____

If you go away for a few days, or on vacation, who will take care of the
cat for you?_____

If you move, will you take the cat with you? Y N

Have you ever adopted from ART before? Y N

(if yes, when?)_____

Are you willing to have a representative from Animal Rescue of Tracy come

see where the cat will live? Y N

Are you willing to take responsibility for this cat for the next 10 or more years? Y N

What provisions will you make for the cat should you become unable to care for it?

Comments by applicant:

Please provide us with (2) references:

Name : _____

Phone: _____

Name : _____

Phone: _____

1st Interviewer Approval _____

2nd Interviewer Approval _____