



Tilted Acres Rescue and Adoptions  
P.O. Box 711  
Raeford, NC 28376  
910-875-5791

Name of Cat you want to adopt \_\_\_\_\_

### Cat Adoption Application

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-Mail Address (s) \_\_\_\_\_

Personal References: (if possible please list one relative not living with you)

1) Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
2) Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

***To ensure that this adoption is in the best interest of both you and the Cat you selected, we ask that you answer the following questions:***

- 1) Do you live in (select one): House \_\_\_\_\_ Apartment \_\_\_\_\_ Condo/Town home \_\_\_\_\_ Trailer \_\_\_\_\_ Military Housing \_\_\_\_\_
- 2) Do you: Own \_\_\_\_\_ Rent/Lease \_\_\_\_\_ Name of Complex & Office Phone # \_\_\_\_\_
- 3) Are you planning to move in the next six months? Yes \_\_\_\_\_ No \_\_\_\_\_ If so what will happen to this Cat if you move unexpectedly? \_\_\_\_\_
- 4) What will happen to this Cat when you go on vacation or in case of an emergency? \_\_\_\_\_
- 5) How many hours during the average day will your Cat be without a human? \_\_\_\_\_
- 6) Where will this Cat be kept during the day? \_\_\_\_\_  
Night? \_\_\_\_\_ When you're not home? \_\_\_\_\_
- 7) Does your home have a Cat door? Yes \_\_\_\_\_ No \_\_\_\_\_
- 8) Do you have a fenced-in back yard? Yes \_\_\_\_\_ No \_\_\_\_\_
- 9) Does your gate have a lock? Yes \_\_\_\_\_ No \_\_\_\_\_ If not could one be put on? \_\_\_\_\_
- 10) Please tell us why you would like to adopt a Cat? \_\_\_\_\_
- 11) I am adopting this Cat for (check all that apply): myself \_\_\_\_\_ spouse \_\_\_\_\_ children \_\_\_\_\_ gift \_\_\_\_\_ other \_\_\_\_\_
- 12) How many people will your Cat will be living with (including yourself): \_\_\_\_\_
- 13) Did your entire family agree on the adoption of this one Cat? Yes \_\_\_\_\_ No \_\_\_\_\_
- 14) Will the whole family share in the care of this Cat? Yes \_\_\_\_\_ No \_\_\_\_\_
- 15) Is there any member of your household who is allergic to Cats? Yes \_\_\_\_\_ No \_\_\_\_\_
- 16) Are there any children that visit your home frequently? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, ages: \_\_\_\_\_
- 17) Are there any regular visitors to your home, human or animal, with which your new Cat must get along?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Describe: \_\_\_\_\_
- 18) Do you have any other pets living with you now? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please list below:  
Type (Cat, dog, etc.) Breed Neutered/ Owned for how long? Spayed? \_\_\_\_\_

19) Have you had pets in the past? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please list below:  
Type (Cat, dog, etc.) Breed Neutered/ Owned for Where is the pet now? Spayed? How long? \_\_\_\_\_

20) Do you have a regular veterinarian? Yes \_\_\_\_\_ No \_\_\_\_\_

21) Veterinarians name and phone \_\_\_\_\_

22) What kind of behavior do you find unacceptable? \_\_\_\_\_

23) If the Cat has problems with behavior what will you do about it? \_\_\_\_\_

24) Have you ever given a pet up in the past? \_\_\_\_\_ Why? \_\_\_\_\_

**I certify that the above information is true and understand that false information may result in nullifying this adoption.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_