



Matchmaker, matchmaker find me a CAT!!!!

CVHS USE: WISH LIST for:

MY PREFERENCES

I like cats that are: *please* ✓
_____ short hair _____ medium hair _____ long hair
_____ declawed _____ any

I prefer a _____ male _____ female cat

Ages I prefer: under 6mos _____ 6mos to 1yr _____
under 5yrs _____ over 5yrs _____ doesn't matter _____

I would like a kitten, please put me on the **WISH LIST** _____ .

Please describe the temperament & activity level you are looking for in a cat. (*please* ✓ *all that apply*)

- _____ Zippy, high energy, kitten-like
- _____ Mellow, easy-going
- _____ A lap cat
- _____ Very affectionate
- _____ Responsive
- _____ Independent
- _____ Talkative
- _____ Quiet

Someone in my house is nervous or unsure of cats....
(*please* ✓ *all that apply*)
_____ Very _____ moderately _____
_____ some (no experience with cats) _____ N/A

EXERCISE

I prefer a cat whose energy level is (*please* ✓)
_____ high _____ medium _____ low

I prefer a cat that...(*please* ✓).

- _____ Will enjoy living indoors
- _____ Will enjoy being outside while I'm with him/her
- _____ Will come and go independently

FOR YOUR INFORMATION

Are you aware that it costs approximately \$500 a year to take care of a cat? Are you willing to commit the finances to take care of a cat? _____ Yes _____ No

ABOUT ME AND MY HOUSEHOLD

I share my home with _____ adults and _____ children

Ages of Children: _____

I have children that visit or live next door. Ages: _____

I have _____ indoor(cat)s. _____ in/out cats, _____ dogs,
And these other pets and livestock: _____

Do you have any cats at home that are declawed?
_____ Yes _____ No

(*please* ✓ *all that apply for the following*)

The noise/activity level in my home is usually
_____ low _____ medium _____ high

When it comes to keeping a clean and tidy house I am
_____ very particular _____ particular _____ easy going

I need a cat that will tolerate being alone _____ hrs/day
_____ Weekends _____ for frequent short trips

Will any one be home during the day ? _____ yes _____ no

If this breed of cat needs grooming: How often can you brush the cat ? _____ rarely _____ occasionally _____ weekly
_____ daily _____ or would you go to a professional groomer

GENERAL

My ideal cat would: _____

Bad cat habits that I just can't tolerate are: _____

It may take a new pet up to 2 months to adjust to a new home. Are you willing to devote this time? _____

Please tell us anything else you would like us to know about you or the cat you're looking for. _____

Adoption Application for a Cat

Please Print

NAME (First, Middle, Last)	MAIDEN NAME	DATE OF BIRTH	HOME PHONE	WORK PHONE
ADDRESS (Physical address) Street			Town	Zip code
(mailing address if different)			SPOUSE/ PARTNER(S) NAME	
DO YOU RENT: APT HOUSE CONDO DUPLEX MOBILE HOME DORM (please circle)		NAME OF LANDLORD & PHONE #		
DO YOU OWN: HOUSE CONDO DUPLEX MOBILE/WITH LAND MOBILE IN PARK				
ARE YOU : (please ✓) ___ WORKING ___ ATTENDING SCHOOL ___ RETIRED ___ HOMEMAKER		EMPLOYER'S NAME		PHONE NUMBER
		SPOUSE/ PARTNERS EMPLOYER'S NAME		PHONE NUMBER

PLEASE LIST ALL THE PETS THAT CURRENTLY OWN OR HAVE OWNED IN THE LAST FIVE YEARS

NAME	BREED/TYPE	AGE	SEX	SPAYED/ NEUTERED	STILL OWN	KEPT WHERE	IF NO, WHAT HAPPENED TO THIS PET

NAME OF YOUR VET CLINIC:		WHAT NAME ARE THE VET RECORDS UNDER?	
TOWN	PHONE#	HAVE YOU EVER BROUGHT AN ANIMAL TO ANIMAL SHELTER ___ YES ___ NO WHY?	

HOW WOULD YOU HANDLE THE FOLLOWING:

Where would you keep your cat during the day at night, or when you're not home: (please ✓)
 ___ house ___ garage ___ barn ___ outside

What would you do with your cat if you have to MOVE?: _____

How would you care for your Pet when you're on Vacation or Business Trips:

How will you handle bad habits, such as : Marking; _____
 Jumping; _____ Scratching; _____ Eating Plants; _____

PLEASE CHECK ANY AREA YOU WOULD LIKE DISCUSSED WITH AN ADOPTION COUNSELOR:
 (please ✓)

___ What to feed your cat and how often
 ___ Introducing your new cat to other pets
 ___ Introducing your new cat to children & family members
 ___ Litter Box Training
 ___ Exercising
 ___ Allergies
 ___ Do you plan on declawing?
 Other _____

PLEASE LIST TWO PERSONAL REFERENCES (who do not reside with you)

NAME	ADDRESS (street, town zip)	PHONE
NAME	ADDRESS (street, town zip)	PHONE

CVHS USE ONLY

DATE _____ ID# _____

ADOPTION COUNSELOR _____

LANDLORD APPROVED ___ YES ___ NO

PROPERTY CHECK REQUIRED: ___ YES ___ NO

VET RECORDS CHECKED : ___ OK ___ NO

I certify that the information I have given is true and I authorize CVHS to contact Veterinarians, landlords, and references to investigate all statements in this application; and to do follow-up property checks. I have read and understand the Cocheco Valley Humane Society's Adoption process.

Completion of this application does not guarantee placement of an animal with the applicant. CVHS pets are assessed for placement with the home that best fits the animal's needs.

Signature _____ Date _____

APPROVED DATE _____

DNP: NOT ON DNP _____ ON DNP _____

APPROVED SUBJECT TO PROOF OF (please ✓)
 ___ ID, ___ AGE OR ___ ADDRESS
 ___ LANDLORD OK

FOR ANIMALS AT HOME (please ✓)
 ___ SPAY/NEUTER VERIFICATION
 ___ CURRENT VACCINATIONS HISTORY

.FOLLOW UP CVHS ONLY: