



Cape Ann Animal Aid

Christopher Cutler Rich Animal Shelter

4 Paws Lane, Gloucester, MA 01930

www.CapeAnnAnimalAid.org 978.283.6055

CAT ADOPTION APPLICATION

Date _____ Name of Cat _____

APPLICANT INFORMATION

Your Name _____ Your Age _____

E-Mail Address _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Spouse/Partner/Caretaker Name _____

How many children live in your home? _____ Ages: _____

HOUSEHOLD INFORMATION

Do you rent or own? Rent Own

Homeowners, what State County do you live in? _____

Renters, what is your Landlord's name and phone? _____

Are all household members here? Yes No If no, who is not here? _____

PET INFORMATION

Current Veterinarian Name and Phone: _____

Do you presently own any pets? If so, please tell us about them.

Name	Type	Age	Up to Date on Vaccines?	Where did you get this pet?
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you owned pets previously? If so, please tell us about them.

Name	Type	Age	What happened to this pet?	Where did you get this pet?
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____			
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____			
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____			

ADDITIONAL INFORMATION

Will you have this cat declawed? Yes No

Will you allow this cat to go outside? Yes No

How did you learn about this cat? CAAA Website Petsmart Petco Visiting Shelter
 Petfinder.com Other: _____

REFERENCE INFORMATION

Please provide names/contact info for 3 references (pet sitters, coworkers, friends, family, etc.)

1) Name _____ With Me Please Call: _____

2) Name _____ With Me Please Call: _____

3) Name _____ With Me Please Call: _____

APPLICATION INFORMATION

Signing below acknowledges that you have read and understand the following: Completion of this application in no way guarantees adoption of any animal. If you presently own pets, they must be up-to-date with routine vaccinations. If you own your own home, we must see proof of home-ownership. If you rent, we must speak with your landlord to verify that animals are allowed per your rental agreement.

Applicant Signature _____ Date _____

FOR STAFF USE ONLY

- Animal Microchip# _____ Application is legible
- Wants to pick animal up tomorrow Needs to leave but wants to complete adoption today
- All family members are present Email address is complete Has references listed
- Has other pets Has veterinary paperwork or phone number
- Have animal's cage card with application for adoption counselor

Notes: