



Kindred Kitties

614 59th Street • Kenosha, WI 53140
262-605-0533 • www.kindredkitties.org



Adoption Application

- Applicant must be at least 21 years old and hold a valid state ID.
- Applicant must have consent of all adults in household
- Applicant must understand that Kindred Kitties reserves the right to refuse any adoption for any reason.

How did you hear about us? Newspaper Website Facebook Walk-In Referral Previous Adopter Other _____ (specify)

Why do you want to adopt a cat? _____

APPLICANT

Applicant Name: First _____ MI _____ Last _____ Phone # _____

Address _____ Email _____

City _____ State _____ Zip _____ # of years _____

**If less than 6 months provide previous address* _____

Do you currently: Own Rent **If you own:** House Condo Mobile Home Other: _____ (specify)

If you rent:

Landlord Name _____ Phone # _____

How many cats permitted? _____ Any restrictions or special lease arrangements? _____

Number of adults in household _____ Number of children in household _____ Ages of children _____

Names of other adults in household _____

Employer _____ # of years _____ Occupation _____

CURRENTLY-OWNED ANIMALS

Type of Animal: Cat Dog Other _____ Age _____ Years Owned _____ (specify)

Name _____ Spayed/Neutered? (Y/N) _____ Up-to-date on vaccines? (Y/N) _____

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VETERINARIAN (Please call your veterinarian and give Kindred Kitties permission to contact for reference check)

Name of Veterinarian _____ City/State _____

Name of person(s) on account _____

ANIMALS OWNED IN THE PAST

Type of Animal: Cat Dog Other _____ Name _____ Years Owned _____
(specify)

What happened to the animal? _____

If deceased, approx. date of death _____ Cause of death _____

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(specify)

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INFORMATIONAL QUESTIONS

Answer all questions IN FULL – 'N/A' is not considered an answer. If you have questions, consult a KK Volunteer.

Have you ever released an animal to a shelter or outside? (Y/N) _____ If yes, why? _____

What would happen to your cat if you:

Moved? _____

Get divorced? _____

Started a relationship with a cat hater? _____

Developed allergies? _____

Went on vacation? _____

Are you prepared to care for your cat for its life span of a possible 20 years? (Y/N) _____

If you have children or are planning to have children, how would you introduce the children to the cat? _____

Are you aware of the outside dangers to your cat? (Y/N) _____ If yes, what are some of the dangers? _____

In the event of your untimely death, what would happen to your cat? _____

Cats have varying adjustment periods and some may develop behavior problems. How would you and your family cope with these issues? _____

By signing below, I certify the above information is true, and understand that misrepresentation of any fact may result in the loss of my adoption privileges. I authorize verification of all statements made in this application including, but not limited to, prior vet medical history. I understand that this application is the property of Kindred Kitties and will not be returned.

Signature

Date

Kindred Kitties will review and reserves the right to reject any application made.



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