



# SPCA Alliance Application for Cats

Working Together to Save Lives!!!!



Date:	Name of Cat interested in:	Type of Cat desired:
Age of cat desired:	Oldest cat considered:	Size desired:
Color(s):	Length of hair: <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long	
<b>Applicant and Co – Applicant Information and General Household Information</b>		
<b>Applicant Information</b>		
Name:	Driver's license number:	State:
Address:		Age:
Telephone numbers: Home:	Work:	Cell:
Email Address:		
<b>Co – Applicant Information</b>		
Name:	Driver's license number:	State:
Address:		Age:
Telephone numbers: Home:	Work:	Cell:
Email Address:		
<b>General Information</b>		
Type of residence:	<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Farm / Barn	
If rental, are cats allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Complex name/address:		
Manager/Landlord:	Phone number:	
Current housing location: <input type="checkbox"/> City Limits <input type="checkbox"/> Outside City Limits		
Type of street:	<input type="checkbox"/> Very busy road <input type="checkbox"/> Slight traffic <input type="checkbox"/> Residential area <input type="checkbox"/> Country road	Speed limit:
Where will cat live? <input type="checkbox"/> Inside only <input type="checkbox"/> Outside only <input type="checkbox"/> Mostly inside <input type="checkbox"/> Mostly outside		
Where will the cat spend nights? <input type="checkbox"/> Inside <input type="checkbox"/> Outside		
Will you allow the cat to run loose? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, where?
How many hours per day will the cat be alone?		Where will the cat stay when left alone?
Please describe the activity level of your home: <input type="checkbox"/> Busy (visits by friends, meetings, children, parties at home) <input type="checkbox"/> Noisy (TV, stereo, machinery, tools, children playing, Dogs barking) <input type="checkbox"/> Moderate (normal comings and goings) <input type="checkbox"/> Quiet (homebodies, few guests) <input type="checkbox"/> Other (Please explain)		
In the absence of primary caregiver, who will care for the cat?		
What will you do with the cat when you travel?		
Under which circumstances would you have to return the Cat to us? <input type="checkbox"/> New Job <input type="checkbox"/> Divorce <input type="checkbox"/> New Baby <input type="checkbox"/> Move <input type="checkbox"/> Illness <input type="checkbox"/> Other (Please explain)		
Have you researched the specific breed your interested in? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please explain the good and bad characteristics of the breed:		
Are you willing and able to take responsibility if this pet acquires an illness or tests positive for heartworm? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you willing and able to pay the veterinary costs of caring for your new pet? <input type="checkbox"/> Yes <input type="checkbox"/> No		

To check the Check Boxes (  ) press the space bar over the applicable answer



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If behavioral problems arise, what steps will you take to work on it?				
How much time are you prepared to allow for your new pet to adjust to your home?				
How much do you expect to spend on maintenance for your pet in a year?				
Number of People in Household:		Family's age group: <input type="checkbox"/> 0 – 5 <input type="checkbox"/> 6 - 12 <input type="checkbox"/> 12 – 18 <small>Check as many as applicable</small> <input type="checkbox"/> 19 – 25 <input type="checkbox"/> 26 - 60 <input type="checkbox"/> Over 60		
If children are in the household, please list ages:				
Are you presently: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student				
<b>Employer or School Information</b>				
<b>Applicant</b>				
Employer or School Name:			Address of Employer or School:	
Telephone Number:			Hours of Work or School:	
<b>Co – Applicant</b>				
Employer or School Name:			Address of Employer or School:	
Telephone Number:			Hours of Work or School:	
<b>Current / Past Pet Information</b>				
Have you had pets in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, complete the following chart		
<i>Type of Pet</i>	<i>Years Owned</i>	<i>Spayed/Neutered</i>	<i>Inside/Outside</i>	<i>Where is Pet Now?</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
Current or past vet name of clinic:			Phone:	
Do you consider your cat a part of the family? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you plan to declaw your cat? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you aware that a cat is a large and lifelong commitment? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is anyone in your household allergic to animals? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, Please explain:	
Why do you wish to adopt? <input type="checkbox"/> Companion for Self <input type="checkbox"/> Companion for Child <input type="checkbox"/> Companion for other Household Member <input type="checkbox"/> Gift <input type="checkbox"/> Other				
If Other, Please explain:				
<b>Personal References</b>				
#1 Name:		Relationship:		
Phone:		Best time to contact:		
#2 Name:		Relationship:		
Phone:		Best time to contact:		

Please list anything else that you think we may need to know. Thank you for your application and we'll get back to you shortly.

To check the Check Boxes (  ) press the space bar over the applicable answer