PERSIAN

PURRSUASION

CATTERY

Kitten Adoption Application

Thank you for your interest in one of our kittens.
Our kittens are raised with love in our home and are considered part of our family.
We are committed to placing each kitten in a safe, loving, and permanent home.

Please complete this application in full. All information is confidential.

1. Applicant Information

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____

Preferred Method of Contact:

☐ Phone ☐ Text ☐ Email

Additional Household Member (Optional)

Full Name: _____

Relationship to Applicant: _____

Phone Number: _____

Email Address: _____

2. Household Information

Do you:

☐ Own your home ☐ Rent your home ☐ Live with family/other

If you rent, does your landlord allow cats? ☐ Yes ☐ No ☐ N/A

Landlord's Name & Phone Number (if applicable): _____

How many adults live in your home? _____

How many children live in your home? _____

Children's ages: _____

Does everyone in the household agree to adopting a kitten?

☐ Yes ☐ No

Does anyone in the household have allergies to cats?

☐ Yes ☐ No ☐ Unsure

If yes, please explain: _____

3. About Your Ideal Kitten

Preferred Gender: ☐ Male ☐ Female ☐ No Preference

Preferred Color/Pattern: _____

Are you interested in a specific kitten? ☐ Yes ☐ No

If yes, which kitten (name or description)? _____

What are you looking for in a kitten? *(Check all that apply)*

☐ Family Companion ☐ Companion for Another Pet ☐ Emotional Support

☐ Show/Exhibition ☐ Breeding Prospect ☐ Other: _____

When are you prepared to bring a kitten home? _____

4. Pet Ownership History

Do you currently have any pets? ☐ Yes ☐ No

If yes, please list all pets (species, breed, age, sex, spayed/neutered):

Are your current pets up to date on vaccinations and routine veterinary care? ☐ Yes ☐ No ☐ N/A

Have your current cats been tested for FeLV/FIV?

☐ Yes ☐ No ☐ Unsure ☐ N/A

Have you owned cats before? ☐ Yes ☐ No

If yes, please describe your experience:

5. Home & Lifestyle

Will the kitten live strictly indoors? ☐ Yes ☐ No

If no, please explain: _____

Do you have a secure outdoor enclosure or catio? ☐ Yes ☐ No

How many hours per day will the kitten typically be left alone? _____

Where will the kitten stay while you are away from home? _____

Where will the kitten sleep? _____

Do you travel frequently? ☐ Yes ☐ No

If yes, who will care for the kitten while you are away? _____

Do you plan to move within the next 12 months? ☐ Yes ☐ No ☐ Unsure

If yes, please explain: _____

6. Care & Responsibility

Who will be primarily responsible for the kitten's daily care? _____

Are you prepared for the financial responsibility of owning a kitten, including food, litter, veterinary care, grooming, and emergencies? ☐ Yes ☐ No

Where will the kitten receive veterinary care?

Veterinarian's Name: _____

Clinic Name: _____

Clinic Phone Number: _____

How do you plan to keep your kitten safe?
(Examples: secure windows, no unsupervised outdoor access, etc.)

7. References (not a relative)

Name: _____ Relationship: _____ Phone Number: _____

WE APPRECIATE YOU TAKING THE TIME TO COMPLETE THIS APPLICATION.
WE WILL CONTACT YOU AFTER REVIEWING YOUR APPLICATION.

Thank you!