



**P.O. Box 140898**  
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## Feline Adoption Application

Thank you for your decision to adopt a rescued cat or kitten. You are encouraged to look at all the animals available to find one that is best suited to your lifestyle.

NCR reserves the right to accept or deny any applicant or application based on our requirements for adoption and the needs of the cat or kitten being applied for. Completion of the application does not guarantee approval. Any false information provided by the applicant will result in a nullification of your application and contract. You must be 18 or older to fill out this application; NO EXCEPTIONS.

### **PART I: CONTACT INFORMATION (This information is kept confidential and is for NCR only.)**

Cat you are applying for: \_\_\_\_\_ NCR Cat ID Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Alternate Phone: ( ) \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Ages of any children under 18 living in your household: \_\_\_\_\_

Name of current vet or vet office that you intend to use: \_\_\_\_\_

If you live in rental property, list your rental company or landlord: \_\_\_\_\_

### **PART II: PETS AND PET BEHAVIOR INFORMATION**

1. Do you already own pets? YES / NO
2. If YES, please list breed and sex: \_\_\_\_\_
3. Are your current pets spayed or neutered? YES / NO If NO, please list reason: \_\_\_\_\_
4. Do you plan to keep this cat primarily INSIDE / OUTSIDE?
5. Do you plan to declaw this cat? YES / NO
6. If you move, what do you plan to do with this cat? \_\_\_\_\_
7. Do all members of your household want a cat? YES / NO If NO, please list who is not in favor and why:  
\_\_\_\_\_
8. Are you prepared for common cat behavior problems, such as clawing or litterbox accidents? YES / NO  
If NO, please list what you are not prepared to deal with: \_\_\_\_\_
9. Are you prepared to take on financial responsibility for this cat upon adoption? YES / NO

Adoption Counselor: \_\_\_\_\_

Date: \_\_\_\_\_