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LANGE FOUNDATION
animal rescue, care, and placement

HALFWAY HOME KENNEL • 2106 S. Sepulveda Blvd. Los Angeles, CA 90025
Phone 310.473.5585 • Fax 310.473.0157 • Email info@langefoundation.org

ST. BONNIE'S SANCTUARY • 27567 Oak Spring Canyon Rd. Canyon Country, CA 91387
Phone 661.251.5590 • Fax 661.251.0430 • Email st.bonnies@gmail.com

Cat Adoption Application

Name _____ Driver's License _____

Date of Birth _____ Email _____

Main Phone _____ Alternate Phone _____

Street Address _____

Apartment/Suite/Unit # _____

City, State, Zip _____

Occupation _____ Employer _____

Work Hours _____ Work Phone _____

List all adults and children living in your home. Total number, yourself included _____

NAME	AGE	OCCUPATION	RELATIONSHIP	PHONE NUMBER

Is anyone allergic to cats? _____ Does everyone agree on adopting the cat? _____

Do you rent or own your home? _____ If rent, may we contact your landlord? _____

Landlord Name _____ Landlord Phone _____

HOUSE APARTMENT TOWNHOUSE CONDO MOBILE HOME _____

Do you have a cat/dog door? _____ Do you have a balcony? _____ Is it fully enclosed? _____

Is this your first cat? _____ Reason for adopting _____

Can you commit to the care and veterinary costs for the life of the cat (up to 15-20 years)? _____

How much would you spend if your cat was ill or needed surgery? \$ _____

Veterinarian Name _____ Veterinarian Phone _____

What will you do if your cat stops using the litterbox or scratches furniture? _____

How did you hear about Lange Foundation? _____

List 2 personal references who do not live in your household:

NAME	PHONE	RELATIONSHIP

How many cats do you have? _____ Breed/Mix _____ Ages _____

Have you had cats in the past 10 years? _____ What happened to them? _____

Have they been tested for FeLV and FIV? _____ Are your cats declawed? _____

How many dogs do you have? _____ Breed/Mix _____ Ages _____

Have your dogs been around cats? _____ How do they get along? _____

Where are your pets from? BREEDER STORE SHELTER STRAY _____

Are your pets sterilized? _____ Current on vaccines? _____

Any medical, physical, or behavioral issues? Explain: _____

List any other pets in the home _____

Have you ever rehomed a pet? _____ Why? _____

If you can no longer care for your pet, do you have someone who has agreed to assume ownership? _____

If yes, who? Name _____ Phone _____

Describe in detail your ideal cat (breed, age, gender, temperament, etc) _____

Under what circumstances would you have the cat declawed? _____

Where will your new cat spend the day? (circle all that apply)

Loose Indoors Crated Indoors Basement Garage Barn Fenced yard
Loose Outside Free Access to Both Indoor and Outdoor Other: _____

Where will your cat be during the night? (circle all that apply)

Loose Indoors Crated Indoors Basement Garage Barn Fenced yard
Loose Outside Free Access to Both Indoor and Outdoor Other: _____

Sterilization: If the cat I want to adopt is not yet sterilized, I agree it must be sterilized either before or shortly after I adopt it and agree to deliver proof of same to Lange Foundation.

Home visit: I agree to allow a Lange Foundation representative to visit my home as part of the application process.

Applicant information: I have filled out this application completely and all of the information provided is true and correct. If any of the information changes, I will promptly update Lange Foundation.

Completion of application does not guarantee adoption: Lange Foundation has the right to deny any application.

DATE _____

SIGNATURE _____