



Kitty Angel Rescue

Adoption Application

NAME: _____ DATE: _____

Which cat are you interested in? _____

Please list the names and ages of all adults and children in the household.

Allergies

Is anyone in the household allergic to cats?

YES _____ NO _____

Housing

Do you rent or own?

RENT _____ OWN _____

If you rent, do you have permission from your Landlord to own a pet?

YES _____ NO _____

Other Pets

What other pets do you currently have?

If you have other pets, are they kept indoors, outdoors or both?

INDOORS _____ OUTDOORS _____ BOTH _____

Are you planning to keep your new cat indoors, outdoors or both?
INDOORS _____ OUTDOORS _____ BOTH _____

Are your other pets spayed/neutered?
YES _____ NO _____

Will you agree to not declaw this cat?
I AGREE _____ I DO NOT AGREE _____

Veterinarian Information

Clinic Name: _____

Veterinarian's Name: _____

Clinic Address: _____

Clinic Phone: _____

If you wish to email us your application, simply attach your completed application and send it to us by email at: kittyangelrescueinc@gmail.com