



# *Kitty Angel Rescue*

## *Cat Placement Application*

### Your Information

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

Street Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ eMail Address: \_\_\_\_\_

### Cat's Information (check all that apply)

Name of cat: \_\_\_\_\_  Male  Female

Is your cat: Spayed/Neutered?  Yes  No Declawed?  Yes  No

Breed: \_\_\_\_\_  Purebred  Mix  Unsure of Breed

Color: \_\_\_\_\_ Current Age: \_\_\_\_\_ Weight: \_\_\_\_\_

How long have you had this cat? \_\_\_\_\_ Years \_\_\_\_\_ Months

### Where did you originally get this cat?

- Breeder     Shelter/Rescue Group     Friend/Family  
 Pet Store     Animal Control     Found/Stray

### Your Cat's Temperament/Personality (check all that apply)

- Affectionate     Lap Kitty     Friendly (on own terms)     Shy  
 Skittish/Fearful     Calm/Docile     Playful     Independent

Submissive       Likes to be petted     Likes to be brushed       Likes to be held

My cat uses the litterbox:

100% of the time       50-75% of the time       Less than 50% of the time

Has your cat ever scratched or bitten a person or another animal?  Yes  No

## Current Household Members & Pets

As applicable please list ages of any children as well as breed and age(s) of any other pets in the household.

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What is the reason you can no longer keep your cat? **Please be as detailed as possible.**

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## Veterinarian Information

Veterinarian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

History of medical problems regarding your cat? \_\_\_\_\_

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Date of last visit to your Veterinarian? \_\_\_\_\_

Purpose of visit? \_\_\_\_\_

Is your cat on any medications?  Yes  No If yes, type: \_\_\_\_\_

Is your cat on a special diet?  Yes  No If yes, type: \_\_\_\_\_

## Tax-Deductible Donation

Because we are a non-profit Charitable Organization which receives NO outside source of funding, we must require a donation upon acceptance into our Placement Program in order to provide for general care, veterinary care/treatment and possible long-term care of your cat. The minimum donation will be determined after review of your application. Please be as generous as you can so that we may provide the very best care of your cat while we search for a loving, forever home. **We are a 501(c)3 non-profit Charitable Organization and all donations are fully tax deductible.**

**Upon receipt of your application we'll contact you within 24 hours. To check on the status of your application you are welcome to email us at [kittyangelrescueinc@gmail.com](mailto:kittyangelrescueinc@gmail.com) or TEXT US at 404-272-8962.**

All information I have provided in this application is truthful & accurate to the best of my knowledge. By signing below, I also understand that specific information about future placement of my cat is strictly confidential and that Kitty Angel Rescue will not release the name, contact information or address of the Adopter.

I will be making a donation in the amount of \$ \_\_\_\_\_

\_\_\_\_\_|\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date

Please submit this completed application, copies of all veterinary records and a recent photo of your cat. We will contact you within 24 hours.

You can send us your application by U.S. Mail at the following address:  
Kitty Angel Rescue | 3721 New Macland Rd | PMB 200/148  
Powder Springs, GA 30127

To email us your application, simply attach your completed application to an email and send it to us at: [kittyangelrescueinc@gmail.com](mailto:kittyangelrescueinc@gmail.com)