



Kitty Angel Rescue

Cat Placement Application

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell 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 ___

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

<input type="checkbox"/> Monday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Any
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Any
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Any
<input type="checkbox"/> Thursday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Any
<input type="checkbox"/> Friday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Any
<input type="checkbox"/> Saturday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Any
<input type="checkbox"/> Sunday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Any

INTERESTS (check all that apply)

- PETSMART Adoption Center – Kennel Technician
- PETSMART Adoption Center – Adoption Counselor
- Adoption Follow-Up
- Administrative Office Help
- Transport Help
- Fostering
- Other – Please list below:

SKILLS / QUALIFICATIONS

Please summarize special skills you have acquired from employment, previous volunteer work or through other activities that you feel you can utilize as a volunteer with Kitty Angel Rescue.

Emergency Contact Name: _____

Emergency Contact Phone: _____

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