



**Jersey Shore Animal Center – 185 Brick Boulevard, Brick, NJ 08723**  
 Phone (732) 920-1600 Fax (732) 920-3706 [www.jerseyshoreanimalcenter.org](http://www.jerseyshoreanimalcenter.org)

**CAT ADOPTION APPLICATION- Please be advised: The Jersey Shore Animal Center adoption process may take several days. Applying for a pet does not guarantee approval, adoption, or place hold on an animal. Decisions are made in the best interest of the animal and the people involved.**

**THE JERSEY SHORE ANIMAL CENTER RESERVES THE RIGHT TO DECLINE ANY ADOPTION APPLICATION FOR ANY REASON. YOU MUST BE 21 OR OLDER TO ADOPT.**

**\*Non Pet Questionnaire: If you have not owned a pet in the last 5 years you are required to fill out a non-pet owner questionnaire in addition to the application.**

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

Animal Name: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

How did you know/become aware of this cat? \_\_\_\_\_

Your name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_

Your energy level? (Low, Medium, High) \_\_\_\_\_

Have you adopted from the JSAC before Y \_\_\_\_\_ N \_\_\_\_\_ If yes, when? \_\_\_\_\_

**CURRENT Pet Information:**

How many pets do you own currently? Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other \_\_\_\_\_

Name of dog(s) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Breed/ Dog 1. \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Age \_\_\_\_\_ Cat 1 Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Age \_\_\_\_\_

Breed/ Dog 2. \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Age \_\_\_\_\_ Cat 1 Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Age \_\_\_\_\_

Breed/ Dog 3. \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Age \_\_\_\_\_ Cat 1 Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Age \_\_\_\_\_

Other Pets: \_\_\_\_\_

**PAST Pet Information:**

How many pets have YOU had in the past 5 years? (Other than above) DOGS \_\_\_\_\_ CATS \_\_\_\_\_ OTHER \_\_\_\_\_

Name of dog(s) \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Breed \_\_\_\_\_

Name of cat(s) \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

What happened to these pets-please check all that apply

Lost \_\_\_\_\_ Stolen \_\_\_\_\_ Given Away \_\_\_\_\_ Given to shelter \_\_\_\_\_ Sold \_\_\_\_\_ Died \_\_\_\_\_ Still have \_\_\_\_\_

If pet died, please list date and cause of death

Animal: \_\_\_\_\_ Date died: \_\_\_\_\_ Cause: \_\_\_\_\_

If given away, please explain to whom and the circumstances.

Are all of your pets spayed or neutered? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO please explain:

How often do your pets see the veterinarian? Annually \_\_\_\_\_ Semi-Annually \_\_\_\_\_ Other \_\_\_\_\_

Name of your most recent or current vet: \_\_\_\_\_ Phone \_\_\_\_\_

If pet has seen another vet in the past, please list \_\_\_\_\_ Phone \_\_\_\_\_

Under WHAT LAST NAME is the pet listed? \_\_\_\_\_

HOME INFORMATION: Number of adults in your home: \_\_\_\_\_ Please list the full names of other adults in the home: \_\_\_\_\_

Do all of the adults in the home work full time? Yes \_\_\_\_\_ No \_\_\_\_\_

How many children under 18 living in your home? \_\_\_\_\_

Please list ages (\_\_\_\_) (\_\_\_\_) (\_\_\_\_) (\_\_\_\_)

If no children in the home, do any visit frequently? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list their ages (\_\_\_\_) (\_\_\_\_) (\_\_\_\_) (\_\_\_\_)

Has anyone in the home experienced allergies to an animal? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Do you: Own \_\_\_\_\_ Rent \_\_\_\_\_ \*Share a dwelling \_\_\_\_\_ \*Live with parents \_\_\_\_\_ Other \_\_\_\_\_

Type of residence-House \_\_\_\_\_ Condo \_\_\_\_\_ Apartment \_\_\_\_\_ Mobile Home \_\_\_\_\_ Other \_\_\_\_\_

How long have you been at this residence? \_\_\_\_\_ yrs.

IF YOU RENT, YOU MUST PROVIDE THE JSAC WITH A COPY OF YOUR RENTAL AGREEMENT ALLOWING PETS (EVEN IF YOU RENT FROM A PARENT, RELATIVE OR FRIEND)

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you agree to a house visit by JSAC prior to the adoption? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you plan to move within the next year? Yes \_\_\_\_\_ No \_\_\_\_\_

If you ever have to move what will you do with your pet? \_\_\_\_\_

#### CAT QUESTIONNAIRE:

Are you interested in a:

House Cat (indoor) \_\_\_\_\_ Outdoor Cat \_\_\_\_\_ Indoor/Outdoor Cat \_\_\_\_\_

Do you plan on letting the cat roam outside? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain why \_\_\_\_\_

Do you plan on declawing? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state your reason \_\_\_\_\_

Are you interested in a? Short-Haired \_\_\_\_\_ Long-Haired \_\_\_\_\_ No Preference \_\_\_\_\_

What qualities are you looking for in your new cat? Check all that apply

Good with dogs \_\_\_\_\_ Good with cats \_\_\_\_\_ Good with children \_\_\_\_\_ Declawed \_\_\_\_\_

(This information will help JSAC match you with a compatible kitty)

In the event that a member of your household becomes pregnant, what will you do with the cat?

\_\_\_\_\_

What personal circumstances or cat behavior would cause you to give up your pet?

\_\_\_\_\_

If the cat is a gift, for whom is it a gift? \_\_\_\_\_

Relationship to you \_\_\_\_\_

Please provide contact information of at least one successor or caretaker that will inherit/be responsible for the care of your pet in the event of your inability, illness or death:

\_\_\_\_\_

How did you hear about JSAC? \_\_\_\_\_

**I, the undersigned, hereby authorize the Jersey Shore Animal Center to verify that the above information is true and correct, and permit the release of veterinary history. I am over the age of 21.**

**Sign here:** \_\_\_\_\_ **Date:** \_\_\_\_\_