

TEDDY'S RESCUE  
12409 CR 99  
FINDLAY, OH 45840



PHONE: (419)429-8888  
FAX: (419)429-8465

**ADOPTION APPLICATION – CAT**

Date: \_\_\_\_\_ Name of Cat Desired: \_\_\_\_\_

**APPLICANT INFORMATION**

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Number of People in House \_\_\_\_\_ Age of Children: \_\_\_\_\_

Employed:  Yes  No Name of Employer: \_\_\_\_\_

**CO-APPLICANT INFORMATION**

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Employed:  Yes  No Name of Employer: \_\_\_\_\_

**GENERAL INFORMATION**

Type of Residence (Please check one):  House  Apt.  Condo  Mobile Home  Farm  
 Other \_\_\_\_\_

Do you own your residence?  Yes  No If a rental, are animals allowed?  Yes  No

Complex Name: \_\_\_\_\_ Landlord's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Office only:  Approved: \_\_\_\_\_ Date Ready for Home Visit: \_\_\_\_\_ Scheduled For: \_\_\_\_\_

NOT APPROVED: \_\_\_\_\_ REASON: \_\_\_\_\_

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Where will the cat live?       Inside       Outside       Mostly Inside       Mostly Outside

Will the cat be allowed to run loose?     Yes       No    If yes, where? \_\_\_\_\_

Are you willing and able to pay veterinary costs of caring for your new cat?       Yes       No

How much time are you prepared to allow for the cat to adjust to your home? \_\_\_\_\_

**CURRENT/ PAST PET INFORMATION**

Have you had pets in the last five (5) years?     Yes       No      If yes, please list below:

1. Name of pet: \_\_\_\_\_ Breed: \_\_\_\_\_ Years Owned: \_\_\_\_\_

Spayed/Neutered?:     Yes     No    Lives/Lived:       Inside       Outside

Is the pet still living?     Yes     No    If yes, where is the pet now? \_\_\_\_\_

2. Name of pet: \_\_\_\_\_ Breed: \_\_\_\_\_ Years Owned: \_\_\_\_\_

Spayed/Neutered?:     Yes     No    Lives/Lived:       Inside       Outside

Is the pet still living?     Yes     No    If yes, where is the pet now? \_\_\_\_\_

3. Name of pet: \_\_\_\_\_ Breed: \_\_\_\_\_ Years Owned: \_\_\_\_\_

Spayed/Neutered?:     Yes     No    Lives/Lived:       Inside       Outside

Is the pet still living?     Yes     No    If yes, where is the pet now? \_\_\_\_\_

4. Name of pet: \_\_\_\_\_ Breed: \_\_\_\_\_ Years Owned: \_\_\_\_\_

Spayed/Neutered?:     Yes     No    Lives/Lived:       Inside       Outside

Is the pet still living?     Yes     No    If yes, where is the pet now? \_\_\_\_\_

Name of Veterinarian used for pets listed above: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Will the cat be on Flea Prevention?     Yes       No

**PERSONAL REFERENCES**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Best time to contact: \_\_\_\_\_