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Approved / Denied
 Date: _____
 Initials: _____

A 501 (c) (3) Non-Profit/No-Kill/Tax Deductible Organization
www.lvpeaceablekingdom.info

FELINE ADULT CAT ADOPTION APPLICATION

PLEASE PRINT CLEARLY

Applicant's Name(s): _____ Driver's License #: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell: _____ Are you a student? Yes No
 E-mail: _____ Name of Pet You Want to Adopt: _____
 Name of personal reference: _____ Phone: _____
 Relationship to you: Family Friend Neighbor Other _____

HOUSEHOLD SITUATION

What is your living situation? Own home Own Condo/townhouse Parent's home Rent
 How long have you lived at your current residence? _____
 If you rent, are pets allowed? Yes No Landlord's Name: _____ Phone: _____
 (We must verify that your landlord will support your keeping this pet before it can go home with you.)
 Describe your household activity: Quiet Average Active Noisy
 Ages of the children living in your household: _____, _____, _____, _____, _____, _____
 Is anyone in your household allergic to pets? Yes No I don't know
 What will you do if someone in your house develops allergies to this pet? _____
 How long have you been thinking of adopting a cat? _____
 Are you able to pay for pet expenses including vet care, supplies, toys, food, pet-sitting, etc.? Yes No
 Does everyone in your home want this cat? Yes No
 Are you aware that some cats require a period of weeks or even months to adjust to their new home/environment/family/other
 pets? Are you willing to allow for this adjustment period? Yes No, I prefer a pet who will adjust quickly

PET INFORMATION

Will this cat be allowed outdoors? Yes No Undecided
 Where will your cat be when you are not home? _____
 I would like info on: Litter training Scratching Prevention Feeding Vaccinations/Vet Care Introducing a New Pet
 Adopting an animal is a lifetime commitment. Are you prepared and financially able to make the commitment to care for and keep
 this animal for its entire life? Yes No
 Do you agree to return your pet to Peaceable Kingdom if your conditions change and you are no longer able to care for your cat
 (must give two weeks notice)? Yes No

By signing below, I am agreeing that the all information is correct. I understand that if reference and veterinary checks do not correspond with the information I've provided, I will be denied adoption.

Signature: _____ Date: _____



Veterinarian Name: _____ Phone #: _____

May we have your permission to contact them regarding your application? Yes (a release may be required) No

Please list pets that you have now or have had within the past 5 years:

Pet Name	Type (dog, cat)	Age	Sex	Neutered	Kept Where?	Pet's Current Status
			M / F	Yes / No	Indoor / Outdoor	
			M / F	Yes / No	Indoor / Outdoor	
			M / F	Yes / No	Indoor / Outdoor	
			M / F	Yes / No	Indoor / Outdoor	
			M / F	Yes / No	Indoor / Outdoor	
			M / F	Yes / No	Indoor / Outdoor	
			M / F	Yes / No	Indoor / Outdoor	

Are your pets current with vaccinations and vet care? Yes No I don't know *** Proof of current vaccinations is required**

If you have a dog, is your dog friendly around cats? Yes No I don't know

Have you lost a cat in the past year due to a death or another reason? Yes No

If yes, please explain: _____

Have you ever had a pet that was lost or hit by a car, surrendered a pet to a shelter or given a pet away? Yes No

If yes, please explain: _____