

Garden City Community Cats Project
Adoption Application
gccccpmail@gmail.com

Name _____ Date _____

Address _____

Phone (C) _____ (H) _____ (W) _____

Email address _____

1. Do you Own or Rent your home? _____

2. Do you currently live in a: House Apartment Condo Mobile Home or Other _____

3. Are you a permanent or seasonal resident? _____

4. What pets and how many do you currently have in your household? _____

5. What other animals have you owned in the past? _____

6. Have you ever surrendered an animal to a shelter or animal control facility? _____

7. Who is your Veterinarian or Vet Clinic? _____ Phone# _____

8. How many adults live in household? _____ Children? _____ Ages of children _____

9. Does anyone in your household have known allergies to animals? _____

12. Why do you want to adopt? _____

13. Do you have a job? _____ Do you work from home? _____ How many hours do you work? _____

14. How many hours a day can you spend with your pets? _____

15. Where will the animal be kept? _____

18. Is there anything else you would like to share? _____