

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? _____