



GOOD SAMARITAN PET CENTER CAT APPLICATION

Welcome to Good Samaritan Pet Center Adoption Program. The following information is requested so that we can assist you in the selection of a new cat. This form and a consultation with a Good Samaritan representative are designed to help you find the cat most compatible with your lifestyle.

Good Samaritan Pet
Center
P. O. Box 202005
Denver, CO 80220
Phone:
303-333-2291
springer@idcomm.com
goodsamaritanpetcenter.org

In order to be considered as an adopter you must:

- **Be 21 years of age or older.**
- **Have identification showing your present address.**
- **Have the knowledge and consent of your landlord.**
- **Be able and willing to spend the time and money necessary to provide training, medical treatment and proper care for a pet.**

Completion of this application does not guarantee adoption of a Good Samaritan cat.

Name of Applicant: _____ Date _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ E-mail _____ Age: _____

Employed by _____ Work Phone _____

Company Address _____ Position Held _____

Describe in detail the cat you're looking for or PRINT NAME in BOX

Would this be your first cat? _____

What kind of pets have you had in the past? _____

Which of these do you still have? (Include age, sex and breed) _____

Have they been spayed or neutered? Yes _____ No _____ Don't know _____

Are they current on vaccinations? Yes _____ No _____ Don't know _____

Have they been tested for Feline Leukemia? Yes _____ No _____ Don't know _____

Have they been tested for FIV? Yes _____ No _____ Don't know _____

Are they declawed? Yes _____ No _____ Don't know _____

If yes, is the cat declawed on: The front paws _____ all four paws _____

What happened to the ones you no longer have? _____

If you have pets, will they adjust to a new cat in the house? Yes _____ No _____ Don't know _____

Why do you want this cat? Companion _____ Companion for other pet _____ House pet _____ Barn cat _____ Mouser _____ Office cat _____ Other _____ Explain _____

How many adults are there in your family? _____

How many children? _____ Children's ages: _____

Does any member of your household have an allergy to cats? _____

How many hours each day will the cat be without human companionship? _____

Explain: _____

Which do you live in? House _____ Apartment _____ Condo _____ Mobile Home _____

Other _____ If other, explain _____

Do you rent or own you home? Own _____ Rent _____

If you live in an apartment complex please list the name of the complex as well as the landlord's name, and phone number. For rental properties we check with the landlord to make sure pets are allowed.

Please list two personal references (Not to include relatives or people currently living with you)

Name: _____

Home Phone Number: _____ Work Phone Number: _____

Name: _____

Home Phone Number: _____ Work Phone Number: _____

Will you keep your cat in the house _____ outdoors _____ with free access indoors and out _____ in the barn _____ Explain: _____

Do you have a dog door? Yes _____ No _____

Will you have the cat declawed? Yes _____ No _____ Maybe _____

Will you keep that animal up to date on vaccinations? Yes _____ No _____

Who is your veterinarian? _____

Address and phone number of your veterinarian _____

If you go away for a few days, or on a vacation, who will take care of the cat? _____

Are you willing to have a Good Samaritan Pet Center representative come to see where the cat will be living? _____

Are you willing to take the responsibility for this cat for the next ten to twenty years? _____

What provisions will you make for the cat should you become unable to care for it? _____

Comments by applicant: _____
