

**About the Cat You Would Like to Adopt**

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| Are you interested in a particular cat? If yes, please provide the cat’s name. |
| **What kind of cat would you prefer? Mark your preferences below with an X** |
| **Age** cat kitten | **Sex** male female either | **Hair length** long medium short any length | **Color**Do you prefer a certain color? | **Personality Preferences – X all that apply** |
|  | Affectionate |  | Independent |
|  | Lap-cat |  | Feisty |
|  | Shy and quiet |  | Playful |
|  | Bond with few |  | Companionable |
|  | Bond withfamily |  | Good with dogs |
| Will your cat be: Indoors & Free to roam house other – please explain | Any other requests: |  | Good with shycats |  | Good with activecats |
|  | A pet for mypet |  | Mature, likesroutine |
|  | Ok in smallhome |  | Athletic, on the go |

**About You (LCCR adoption applicants must be 18 years of age or older)**

|  |  |
| --- | --- |
| How many adults reside in your home? | Your age range: (please mark with an X) |
|  | 18 to 29 |  | 30 to 45 |  | 46 plus |
| If there are children in the home, what are their ages? |
| Does anyone smoke inside your house?  |
| How long are you away from home on an average day? (please mark with an X) |
|  | Home all day |  | Out part-time |  | Away 8 to 10 hours |
| The following best describes our home atmosphere (please mark with an X) |
|  | Grand Central Station |  | Some Activity |  | Quiet and Serene |
| How would you rate your cat expertise and knowledge? (please mark with an X) |
|  | This is my first cat |  | I’ve had one or two |  | Experienced and knowledgeable |
| Please tell us about the companion cats you have owned in the last 10 years |
| Cats’ name(s) | Age | Cause of death | If not deceased what became of them? |
| Have you adopted before? |

**About Your Current Companion Animals**

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| Please list other pets in your home.  |
| What are their names and ages? |
| Have they had experience living with other cats? (please mark with an X) |
|  | yes |  | No |  | Don’t know |
| Are their vaccinations up to date? Are they spayed/neutered? |
| Name of your current veterinary clinic. |
| Are there any topics you would like to discuss with an Adoption Coordinator? (please mark with an X) |
| Other Questions-  |
|  | One cat or two? |  | Vaccines |  | Litter box training |  |  Safe Cleaners/ Chemicals |
|  | Indoor vs Outdoor |  | Diet |  | Cats and kids |  | Cat licensing/identification |
|  | Scratching furniture |  | Declawing |  | Allergies |  | Cat versus kitten |
|  | Introductions to other pets |  | Vacations with /without pets |  | Moving with /without pets |  | Cats escaping & getting lost |

**Your Contact Information**

|  |  |
| --- | --- |
| Name (s) | Date |
| Address | Email address |
| City & Province | Home phone |
| Postal code | Cell phone |
| Do you own or rent your home? | Work phone |
| Does your landlord allow pets?  | Landlord Name and Phone Number |
| Personal Reference- Name-  (not family) Phone Number-  |
| How did you hear about The Last Chance Cat Ranch? |

**Please note: By signing and submitting this application, you are giving The Last Chance Cat Ranch permission to verify your information by contacting the veterinary clinic, landlord and reference you have noted above. If signing this via an online/ email application, your typed name is considered your legal binding signature.**

Signature of Applicant Date signed

Please email your completed application to thelccr@gmail.com