



**Animal Rescue Families  
Cat Adoption Application**

Fax completed application to: (360) 613-2511 or mail to ARF, PO Box 165, Bremerton WA 98337

Name of cat requested:			
Breed of Cat:			
Cat's Color and Length:			
Cat's Age:		Cat's Sex:	

Name:		Email Address:	
Address:			
City:		State & Zip:	
Home Phone:		Work Phone:	
Military		Civilian	
Number of Children		Ages of Children	

If you're a current pet owner, please complete the following:

Type of Pet	Age	Sex	In/Out	Neutered/Spayed

Have you ever owned a pet or animal? Please describe:


Housing:	Own		Rent		House		Apartment		Other		Other Desc.	
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If renting, landlord's name and number

Do you have permission of landlord for a cat?							Yes		No	
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If a pet deposit was required, we will need a copy of your receipt. Copy of receipt provided:

Yes		No	
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Where will the cat spend the day and night?

Loose indoors		Basement		Garage		Loose Outdoors	
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How many hours will the cat be alone?

Will you provide medical care for the your sick animal?	Yes		No	
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Do you have a regular veterinarian?

Do you have a regular veterinarian?	Yes		No	
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If yes, what is the veterinarian's name and phone number?

What is your method for correcting poor behavior in an animal?	
Why do you want a cat?	

Do you feel that your cat is a lifetime commitment?				
How does your spouse/roommate feel about a cat?				
If you move, will take the cat with you?	Yes		No	

No declawing! Agreement to this application means that you have signed a contract stipulating that you will not declaw your cat.

**This is only an application. Filling this out does not entitle you to adopt the cat listed**

New Owner Signature		Date	
A.R.F Representative		Date	

**Animal Rescue Families reserves the right to refuse an adoption without justification.**