

ADOPTION APPLICATION

“ROOM 8” MEMORIAL CAT FOUNDATION

The late Hettie L. Perry, Founder

8354 63rd Avenue
Pedley, CA 92509
(951) 681-9609
room8@charter.com

Date _____ Name _____ Phone # _____

Street _____ City _____ Zip Code _____

Place of Employment _____ Position _____

How Long _____ Work Address _____ Phone # _____

Place of Employment (Spouse) _____ Position _____

How Long _____ Work Address _____ Phone # _____

Type of Dwelling: House/Condo/Mobile Home/ Apartment _____ Own/Rent _____

Number of Residents _____ Number of Children _____ Ages of Children _____

Number of Pets in Household _____ Kinds of Pets _____ Ages of Pets _____

If cats, have they been tested for feline Leukemia? Yes/No Are they spayed and/or neutered? Yes/No

Reason for adopting a cat? _____

Type of cat you are applying for: Breed _____ Age _____ Male/Female Spayed/Neutered

Small/Medium/Large/Long Hair/Short Hair

Where do you intend to keep the cat you adopt? Indoors/Outdoors/Both If outdoors, is shelter available? _____

Are you financially able to provide: Proper Nutrition/Grooming/Annual Vaccinations/Medical Care

If you have a regular veterinarian, his/her name and city address _____

Under what circumstance would you no longer keep the cat? _____

What would happen to the cat if something were to happen to you? _____

References (other than a relative)

1. _____ Phone # _____

2. _____ Phone # _____

Applicants Signature _____

Interviewer _____

*****OFFICE USE ONLY*****

Comments: