



P.O. Box 2281, Paradise, CA 95967 www.paradisecats.org

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Employer: _____

E-mail: _____ **Cat/Kitten will be Indoor Only**

Do you live in an apartment or house? _____ Own? ___ Rent? ___ Does landlord allow pets? _____

Why do you want to adopt this (these) cat(s) or kitten(s): _____

Please give landlord's name and telephone number: _____

Please list the ages of children currently living in your home: _____ Is anyone in the

household allergic to cats: Yes _____ No _____

Please list other pets currently living in your home: _____

Are the resident companion cat(s) current on the vaccinations? _____

Have you owned a cat previously? If "Yes", what happened to the cat? _____

Veterinarian's name: _____ (We may use as a reference)

Vet Phone: _____ Vet Fax: _____

Have you ever surrendered an animal to a shelter? _____ Reason? _____

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• Adopter: _____

• Foster Parent: _____

Cat's(s) name(s): _____ and _____

Adoption Fee \$ 80 per cat/kitten