



STOP ANIMAL CRUELTY IN HOT
SPRING COUNTY
CAT ADOPTION APPLICATION
P.O. BOX 1521 MALVERN, AR 72104
(501) 276-7570

Name or description of the cat you are applying for: _____

Name: _____

Address: _____

Best number to contact you: _____

Place of Employment & Phone Number: _____

Do you live in a **house** or **apartment**? **Own** or **Rent**

If you rent, does your Landlord allow pets? **Yes** or **No**

Have you discussed getting a pet with him/her? **Yes** or **No**

Name of your Vet: _____

Address: _____

Phone Number: _____

Medical expenses during a year can run hundreds of dollars; do you have the funds to properly care for your cat? _____

Will you be getting this cat declawed? **Yes** or **No**

Is anyone in your household allergic to cats? **Yes** or **No**

Does everyone in your household know you want to adopt? **Yes** or **No**

Will the cat be allowed in every room of your house? **Yes** or **No**

Will the cat be allowed on your furniture? **Yes** or **No**

Will the cat be allowed outside? **Yes** or **No**

Where will the cat sleep? **Inside** or **Outside**

Do you have other pets in your household? **Yes** or **No**

If you have other pets, are they up to date on their shots? **Yes** or **No**

Are they spay/neutered? **Yes** or **No**

Have you ever applied to a rescue to adopt an animal and not been approved?

Yes or **No** Where? _____

List three references that are not related to you and phone numbers

I agree by signing this application to adopt a cat from Stop Animal Cruelty in Hot Spring County that all my answers are true and correct.

Signature _____ Date _____