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Cat Adoption Application

NAME OF CAT YOU ARE INTERESTED IN: _____

APPLICANT INFORMATION

First Name _____ MI _____ Last _____

Address _____

City _____ State _____ Zip _____

Phone _____ eMail _____

Age _____ *NOTE: You must be at least 21 years of age to adopt from OOO. Proof of age will be required to complete adoption.

Spouse/Partner Name: _____ Spouse/Partner Phone: _____

Employer: _____ Work Phone: _____

FAMILY

Number of adults (18+) at home? _____ Ages: _____

Number of children at home? _____ Ages: _____

Are all members of your household in agreement about adopting a cat? Yes No

Who will be the cat's primary caretaker? _____

Who will be financially responsible for this cat? _____

Any pet allergies or asthma in your family? Yes No

If yes, who? _____

Describe your family's noise/activity level Quiet Moderate Active

How often do you travel? Never Seldom Often

If you are away for an extended period of time, where will your cat stay?

At home with care Boarding Other _____

In the event of an emergency, who will care for your cat/what arrangements would you make?

How long will your cat be alone during the day? Weekdays: _____ (hours) Weekends: _____ (hours)

What would you do with your cat if you moved/changed jobs? _____

YOUR HOME

Do you:

- Own Rent Live with parents OTHER _____

Type of Residence:

- House Condo Apartment Dormitory
 Boarding House Mobile Home OTHER _____

If you rent/live in a condo, does your landlord/association allow pets? Yes No

Name of Landlord/Condo Association: _____ Phone: _____

How long have you lived at this address? ____ years ____ months

Any plans to move in the next 5 years? Yes No

How many times have you moved in the past 5 years? _____

What would you do if you moved to a residence where pets are not permitted? _____

Where will the cat be kept during the day?

- Loose in the home In a closed room Garage Loose outside Crate Barn With Me
 Other: _____

Where will the cat stay during the night?

- Loose in the home In a closed room Garage Loose outside Crate Barn With Me
 Other: _____

PET HISTORY

- | | YES | NO |
|--|--------------------------|--------------------------|
| Did you have pets growing up? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had experience being the primary caregiver to a cat? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever given a pet away, given it to a shelter, rescue group, returned to a breeder or sold it? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had a pet for a short period of time and it didn't work out? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had an animal lost or stolen? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had to retrieve your animal from a pound, shelter or animal control facility? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you previously adopted from OOO? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you currently have other cats? | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, how many? _____ | | |

PETS OWNED OVER LAST 10 YEARS

Name	Species/Breed	S/N	Owned how long?	What happened to this pet?	How long ago?

YOUR NEW PET

Why do you want to adopt a cat? (Check all that apply)

- Family Pet For a Child For a Senior Pet Companion
 Mouser Barn Cat Gift Other _____

What kind of energy level are you looking for in a cat? High Medium Low

What are your desired physical characteristics of a cat?

- Sex: Male Female No Preference
Coat: Long Medium Short No Preference
Age: Kitten Adult Senior No Preference
Environment: Indoor Only Outdoor Only Indoor/Outdoor
Other: Declawed Special Needs

Please indicate the importance of the following with respects to a new cat:

	Very Important	Important	Not Important
Friendly with Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendly with other cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendly with dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendly with visitors to the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoys being groomed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoys being held	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoys being pet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjusts Quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Under what conditions would you give up a cat? Please check any that apply

- New Baby Divorce Moving Allergies
 Shedding Behavior Problems Not using Litterbox Destructive Scratching
 Cat becomes ill Lost interest Time Consuming Want to travel
 Cat not getting along with other pets New household member dislikes cat
 I would never consider giving up my cat Other _____

If your new cat/kitten exhibits behavioral adjustment issues, would you be willing to seek the advice of an OOO representative? Yes No

Would you be interested in learning about some of our "special needs" or "long term resident" cats who are in need of loving, forever homes? Yes No

VETERINARIAN INFORMATION

Do you have a veterinarian? Yes No

Veterinarian Name: _____ Phone: _____

If you answered no, would you like us to assist you with getting a veterinarian in your area? Yes No

REFERENCES

Names and Telephone numbers of 3 adults (who do not live with you) we can contact for reference. No family members please.

- 1) _____
- 2) _____
- 3) _____

OTHER

Is there anything else you would like to tell us to support your application?

All the information given above is true and complete. The cat will reside in my home as a lifetime companion. I will provide him/her with adequate food, water, shelter, training, affection and regular veterinary visits.

I give permission to Oliver's Orphan Oasis to verify any information that I have given on this application. I understand that this application must be approved by Oliver's Orphan Oasis and payment must be received before I take possession of any cat. If for some reason this agreement is cancelled within one week, I am entitled to a full refund.

I understand OOO has the right to deny any application.

Applicant Signature: _____ Date: _____

It can take up to seven (7) days for your application to be processed and we ask for your patience during this time

THANK YOU FOR COMPLETING THIS APPLICATION. THIS INFORMATION WILL
ENABLE US TO HELP MATCH YOU WITH THE RIGHT CAT FOR YOUR FAMILY