

**Cressie Animal Refuge and Enrichment (CARE)**  
**ANIMAL ADOPTION FORM**  
 1614 Doe Park  
 San Antonio, TX. 78248

**APPLICATION FOR FELINE ADOPTION**

Date:	Name of Cat desired:	Color(s):
<b>Applicant Information</b>		
Name:		
Address:		
City:	State:	Zip:
Telephone numbers: Home:	Work:	Cell:
E-mail Address:		Date of Birth:
Number of People in Household:	If children are in the household, please list ages:	
Are you or any member of your family allergic to pets: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you presently: <input type="checkbox"/> Employed Employer:		<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student
<b>Co-Applicant Information</b>		
Name:		Relationship:
Telephone numbers: Home:	Work:	Cell:
E-mail Address:		Date of Birth:
Are you presently: <input type="checkbox"/> Employed Employer:		<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student
<b>General Information</b>		
Type of residence: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Farm/Barn		
If rental, are dogs allowed?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Size Restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No Max. Size:
Complex name/address:		
Manager/Landlord:		Phone number:
Current housing location: <input type="checkbox"/> City Limits <input type="checkbox"/> Outside City Limits		
Type of street: <input type="checkbox"/> Very busy road <input type="checkbox"/> Slight traffic <input type="checkbox"/> Residential area <input type="checkbox"/> Country road		
Where will the cat live? <input type="checkbox"/> Inside only <input type="checkbox"/> Outside only <input type="checkbox"/> Mostly inside <input type="checkbox"/> Mostly outside		
Where will the dog spend nights? <input type="checkbox"/> Inside <input type="checkbox"/> Outside		
Do you have a fenced yard? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, how high?
Describe the activity level in your home:		<input type="checkbox"/> Busy (visits by friends, meetings, children, parties at home) <input type="checkbox"/> Noisy (TV, stereo, machinery, tools, children playing, dogs barking) <input type="checkbox"/> Moderate (Normal comings and goings) <input type="checkbox"/> Quiet (homebodies, few guests) <input type="checkbox"/> Other (specify)
In the absence of the primary caregiver, who will care for the cat?		

To check the Checkboxes () press the spacebar over the applicable answer.

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**Pet Information**

Have you had pets in the last five years?  Yes  No      If yes, complete the following chart

<i>Name of Pet; Type of Pet</i>	<i>Years Owned</i>	<i>Spayed/Neutered</i>	<i>Inside/Outside</i>	<i>Where is Pet Now?</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	

Current or past vet name of clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you consider your cat a part of the family?  Yes  No

Are you aware that cat is a lifelong commitment?  Yes  No

How did you hear about the CARE? \_\_\_\_\_ Would you like to become a volunteer?  Yes  No

**Personal References**

# 1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

To check the Checkboxes (  ) press the spacebar over the applicable answer.