

**TENDER TOUCH ANIMAL HOSPITAL
ADOPTION FORM**

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: HOME _____ CELL _____ WORK _____

How long have you lived at your present address? _____

Are you planning to move in the next six months? _____

What will you do if and when you move?

Do you ___rent ___own ___ apartment ___ mobile home ___ other

If you rent, Please list your landlords name and phone number.

Has anyone in your household ever had an allergic reaction to a cat? _____

What pet do you currently have in your household?

List Pets owned in the last five years that are not currently in your household.

Please explain the reason that these pets are no longer with you (i.e. lost, died, hit by car)

What is the name and address of your veterinarian?

Are you willing and able to provide medical care necessary? _____yes _____no Where

will your cat be kept during the day? _____ at night? _____

Where will your cat sleep? _____ eat? _____

Where will you keep the litter box? _____

Will you let the cat outside? ____yes ____no If yes ____attended ____unattended

What will you do if your new cat doesn't get along with your present pet(s)?

Are you willing to work with Tender Touch Animal Hospital's staff to deal with behavior problems such as not using the litter box, spraying or destructive scratching?