

**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?