



KAMM'S CAT GUARDIANS

ADOPTION APPLICATION

*Please complete form below and return to your Kamm's Cat Guardian Representative.
By completing this application you certify that all information is true. False information may result in
the nullification of the adoption.*

All adoption applications are reviewed in the order they are received.

NAME: _____ PHONE# _____
ADDRESS: _____ CITY _____ STATE _____ ZIP _____

EMAIL: _____

Cat interested in _____ Approx Age _____ Sex _____

How did you hear about Kamm's Cat Guardians?

Why are you looking to add a cat to your family?

Do you have any children and if so what are their ages?

Have they had experience with pets before?

Have you thought about how you're going to introduce your new cat to your current pets?

Do you rent or own?. Have you verified that your apartment/landlord accepts pets? Will this cat live indoors with you?

Do you have other pets? How do you think they will respond to a new family member?

How many pets have you had in the last 10 years? Are they still with you? If not please list reasons why.

Do you have a vet. Vet Name: _____ Vet Phone number: _____

Please call your vet in advance and give your permission for them to speak with us (due to privacy laws.)

May we contact your current vet as a reference?

Reference names and numbers of at least 2 people who know how you are with cats

Are your current pets vaccinated and spayed/neutered?

A home inspection may be requested. When are you available?

Do you have any questions or concerns?

*****Internal Use*****

KCG Board Member Approval / Date

Notes