



KATA Adoption Questionnaire *Must be 18 years or older to adopt.*

Date: _____ Driver's license # _____

Name(s): _____

Street Address: _____

City/State/Zip: _____

Primary phone: _____ Other phone: _____

Email address: _____

How long have you lived at your current address: _____ years _____ months

Residence: (own__ rent__) __ Apt. __ Condo __ House other: _____

If you rent, does your landlord allow pets? _____ ***Landlord's name/phone:*** _____

of adults in household: _____ # of children _____ Ages: _____

Who are you adopting this cat for? __ yourself __ friend __ other: _____

Where will the cat be kept: During the day _____ During the night _____

When alone? _____

Where do you intend for this cat to live: __ indoor __ indoor/outdoor __ outdoor only

Can you provide a home for 15 years or more? __ No __ Yes __ Don't know

How will you handle scratching (if the cat claws your furniture) and other potential destructive behavior?

Are any of your cats de-clawed? __ No __ Yes - Why were they de-clawed or given a tendonectomy?

Do you intend to de-claw this cat? __ No __ Yes __ Don't know/why? _____

Do you currently have other pets? If so, what are they and how old?

Please list *any other* pets you used to own in the past five years and complete the following information:

Type of pet How long did you have it? What happened to it and how old was it at the time?

Is there a plan in place if you are unable to care for your cat? _____

Emergency name and contact number: Name: _____

Relationship: _____ Phone number: _____

I certify the above information is true. I also understand giving false information is grounds for denying my application.

Signed: _____ **Date:** _____

Microchip# _____ Cat name: _____



I understand that when I adopt a cat from the Kitty Angel Team I am making a serious commitment to adopt a lifelong companion. By adopting a cat from the Kitty Angel Team **I hereby agree to the following:**

I will provide a safe and loving **indoor only** home for this cat for the rest of its life.(An exception to the “indoor only” policy will be made for cats that have been identified as a designated indoor/outdoor cat. _____initial

I will return the cat to the Kitty Angel Team if I am unhappy with the cat or if I can no longer take care of it. I will contact them at 541-367-7575 for advice to try to resolve any issues I have with my cat before bringing it back. _____initial

I understand clearly the detriments of de-clawing cats and I know that de-clawing is amputation up to the first joint of each toe. I understand that this, as well as tendonectomies, can be a painful and debilitating procedure that leads to behavioral problems. I agree to **not** do this to any cat I adopt from the Kitty Angel Team (KATA). _____initial

KATA discloses any medical and health issues that *are known*. However, I understand that cats from KATA **may** have been exposed to contagious diseases such as feline upper respiratory infection, ringworm, etc. _____initial

I will not hold KATA responsible for any medical bills from present or future illnesses or for any damage that the cat may do to any person or property. _____initial

Signature: _____ Date: _____

Adopters name (print): _____

Address: _____ City/State/Zip: _____

Phone: _____ Alternate phone: _____

Office use only:

Name of cat adopted: _____ Foster: _____

Adoption counselor: _____ Adoption location: _____

Adoption fee: **\$95** Paid in cash _____ or PayPal - Trans ID: _____