



Cat Adoption Application

Town of Woodbury
281 Main Street South
Woodbury, CT 06798-3408
(203) 910-3228

www.woodburyct.org/animal_control

Please bring this completed form to your appointment and/or email to animalcontrol@woodburyct.org or fax to (203) 263-4755.

Name _____ Email _____

Address _____ City _____ Zip _____

Primary Phone _____ Alternate Phone _____

Thank you for considering the adoption of a shelter animal! Before you decide to adopt a pet, please consider the time, effort, and funds necessary to properly maintain an animal. Responsible pet ownership requires a commitment to provide care and companionship for the life of the life of the animal. The decision to adopt a pet is an important one. In order to insure that you and your pet will be happy for years to come, we need to take time to discuss your and the animal's individual needs and personality traits. Please take a few moments to carefully read and complete this application.

1. Name of the cat you are interested in (if applicable): _____

2. Do you currently live in a House Apartment Condo Other _____

3. Do you currently Own Rent Lease the residence where you live?

4. How long have you lived at your current residence? _____

5. How many adults live in your home? _____ How many children? _____ Ages _____

6. Does anyone in your household have asthma or allergies to cats? Yes No

7. Is this cat a gift? Yes No If yes, for whom? _____

8. What are your reasons for wanting a cat? Companion Mouser Other:

9. Type of pet desired (check all that apply):

- Adult Kitten Senior
- Male Female
- Declawed Spayed/Neutered
- Indoor Outdoor Indoor/Outdoor
- Long Hair Short Hair Other

10. If you adopt an animal who has not been spayed or neutered do you:

- Intend to have it spayed/neutered Intend to have kittens Not sure

11. How many hours will the cat be alone each day?

12. Do you have a fenced in yard? Yes No If so, how high is your fence? _____ Fence Type? _____

13. Please list all of the pets you have had in the last 10 years including current pets and those you no longer own.

Species	Breed	Age	Sex	Altered	Owned how long?	What happened to him/her?
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		

14. If you have other pets are re their vaccinations current? Yes No

15. If you have other pets do they get along with cats? Yes No

16. Do you have a regular veterinarian? Yes No

17. The noise/activity level in my home is usually: High Medium Low

18. I prefer a cat that...(check all that apply)

- Loves children and strangers
- Can't tolerate children and strangers
- Loves all other animals
- Can tolerate all other animals
- Don't care if he/she gets along well with other animals

19. My ideal cat would: _____

20. Bad cat habits that I can't tolerate are: _____

21. Are you able and willing to pay for pet expenses including veterinary care, supplies, toys, grooming, food, boarding/pet sitting, etc.? Yes No

22. Please provide at least two references: _____

I certify that the above information is true and correct to the best of my knowledge. I also acknowledge falsification of the above can result in my being denied the adoption or, if an animal has been adopted to me, the return of that animal to the Town of Woodbury Dog Pound.

Signed _____ Date _____

For Office Use Only

Reviewed by _____ Date _____

Adopted _____ Case No _____