



CAT/KITTEN ADOPTION APPLICATION
 CADOODLES WITH MICHIGAN DOODLE RESCUE CONNECT



Names of cat(s) you are interested in: _____

Applicant Information:

(Adult#1) Last Name: _____

First Name: _____ Birth Date: ____/____/____

(Adult#2) Last Name: _____ First

Name: _____ Birth Date: ____/____/____

Address: _____

(Adult#1) Cell Phone: (____)____-_____

City: _____ State: _____ Zip: _____

(Adult#2) Cell Phone: (____)____-_____

of Years at Residence: _____ If at address less than 1 year: Prior

Address: _____ Type of Property:

____ House Prior City: _____ State: _____ Zip: _____

____ Townhouse

____ Apartment

____ Condo

____ Mobile Home

____ other: _____

Do you.... _____ Rent or _____ Own

If you rent: Landlord/Complex Name: _____

Landlord/Complex Phone #: (____)____-_____

Are you allowed pets? _____ Yes or _____ No Any restrictions please

list: _____

(Adult#1) Employer: _____

Position: _____ Phone: (____)____-_____ (Adult#2)

Employer: _____ Position: _____

____ Phone: (____)____-_____

Household Information

of adults in household: _____

Relationship(s): _____

_____ # of children in household: _____

Age(s): _____

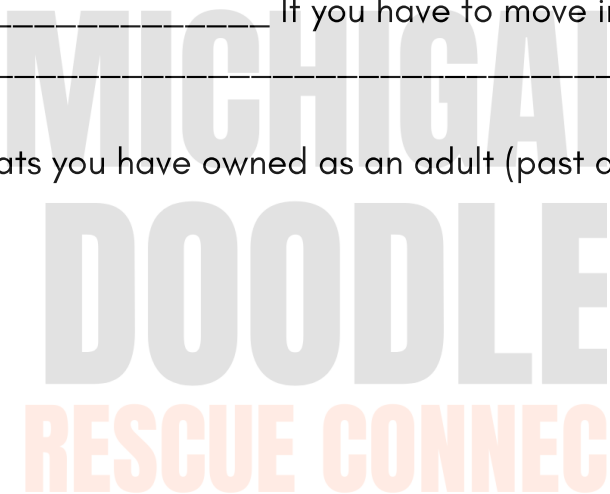
Is anyone allergic to animals? _____ Yes or _____ No If yes, who and to what type of animal?

_____ If you have to move in the future, what will you do with your pets? _____

Pet Ownership

Please list all dogs and cats you have owned as an adult (past and present)

Name



Who is your Veterinarian? _____

City: _____ State: _____ Phone: (____) _____ - _____

Are all your pets up to date on vaccinations? _____ Yes or _____ No If no, please explain: _____

Are you prepared to assume the financial responsibilities of providing your cat with adequate food, training, toys, routine and emergency medical care etc. (approx. \$500+ per year)? ____ Yes ____ No ____

By my signature, I certify that the above information is complete and correct. I realize that any misrepresentation of fact may result in my losing the privilege of adopting an animal. I understand that MICHIGAN DOODLE RESCUE CONNECT has the right to deny my request for adoption. I authorize verification of all statements on this application including but not limited to prior vet medical history.

_____/_____/_____
Signature Date