STRATFORD CAT PROJECT

We are a non-profit organization committed to rescuing abandoned & stray cats in the Stratford community and surrounding towns.

Stratford Cat Project
85 Champion Terrace
Stratford, CT 06614
scp4cats@yahoo.com

Adoption Application

Date of Application: _____ **Interested in Adopting:** _____ **Cat** _____ **Kitten(s)**

Name of any cat or kitten you saw from our website or social media: _____

Why are you looking to adopt a cat/kitten(s)? _____

_____

Applicant Information:

First Name: _____ Last Name: _____ DOB: _____

Street address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Cell/Other: _____

Email: _____

How long at this address: _____ Type of home: _____ House _____ Apartment _____ Condo

Please list **all** members of your household. For children under 18 years, please include age: _____

_____

Does anyone have allergies? If yes, please list: _____

Home Information:

Do you own or rent? _____ Own _____ Rent

If you own your home, are you listed as an owner on the deed/mortgage? _____ Yes _____ No

If not, owner's name: _____ Owner's phone: _____

If you rent, do you have permission from the property owner to have pets? _____ Yes _____ No

Property Owner Name: _____ Phone: _____

 If you rent, please provide a signed and dated copy of your current rental lease with your application

After Adoption:

Where will you keep the cat/kitten during the day: _____ At night: _____

How long will the cat/kitten be alone during the day: _____ At night: _____

Do you plan to:

Spay/Neuter: _____ Yes _____ No   Let cat outside? _____ Yes _____ No

Declaw? _____ Yes _____ No   Have the cat be a mouser? _____ Yes _____ No

Veterinarian Information:

Name of your Veterinarian/Practice: _____ Phone: _____

Other Veterinarian(s) you have used in the past: _____

_____

SCP will contact your veterinarian(s) as part of your application review

Please tell us about your current pets:

Type of Pet (Dog, Cat, Other)	Pet's Name	Age	Male or Female	Spayed/ Neutered	How Long Owned?	Where is your Pet Kept?	Name & Phone of Veterinarian for this Pet

Please tell us about pets you have owned in the past:

Type of Pet (Dog, Cat, Other)	Pet's Name	Male or Female	Spayed/ Neutered	What Happened to this Pet?	Pet's Age at Death	Name & Phone of Veterinarian for this Pet

Additional information you would like to share:_____

_____

Signature of Applicant: _____ **Date:** _____

Applicant may sign at time of adoption if unable to sign electronically

SCP Use Only:	
Application Reviewed By:	**Date:**
Applicant's Driver's License Number:	**State of Issue:**
Application is: ___Approved__ Denied ____Other (explain in notes)	
Notes:	