

House of Broken Cookies

ADOPTION APPLICATION

P.O. Box 122 • Los Alamitos, CA 90720 • houseofbrokencookies@gmail.com

Name of cat you are interested in: _____ Today's Date: _____

Applicant's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Identification verified by House of Broken Cookies Yes No

Cell Phone: _____ Alternate Phone: _____

Email Address: _____

Do you live in a House Apartment Condo Mobile home

Do you Own Rent How long have you lived there? _____

Landlord's Name & Phone or Homeowners Association Phone Number: _____

May we contact your landlord or homeowners association? Yes No

Place of employment: _____

Who lives in your household? Please list names and ages, including yourself

Name: _____ Age: _____ Name: _____ Age: _____

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Name: _____ Age: _____ Name: _____ Age: _____

Is anyone in the household allergic to cats? Yes No Have you ever owned a cat before? Yes No

Do you have any objections to a House of Broken Cookies volunteer visiting your home? Yes No

Have you or anyone in your home ever been charged with animal cruelty or neglect? Yes No

Please tell us about your current pets:

Type/Breed Age Sex S/N Declawed Y/N Inside/Outside How long owned? Current on vaccinations?

Please tell us about any pets you have owned in the past, and why they are no longer with you: _____

Veterinarian Name: _____ Veterinarian Phone: _____

What will happen to this cat if you should move? _____

What circumstances would cause you to give up this cat? _____

What will happen to the cat if you can no longer care for it, or if you die? _____

If you travel, who will care for your cat? _____

How many hours per day will the cat be left alone? _____

Will you declaw this cat? Yes No What is your reason for your declaw answer? _____

Cats have been known to claw furniture, climb drapes, etc. How will you deal with this? _____

Are you aware that cats can live 15–20 years? Yes No

Are you willing to take responsibility for this cat for the next 10–20 years? Yes No

What kind of lifestyle do you want your cat to live? Strictly outdoor Strictly indoor

Mostly indoor, with some outdoor

Will the cat have access to the outdoors? Yes No

Please explain the outdoor access the cat will have, if any: _____

Do you have a Doggie door Cat door Pet door Garage Balcony

What changes do you anticipate to your lifestyle within the next 5–10 years?

Having children Moving/Job transfer Acquiring other pets Other: _____

On the first night, where will the cat sleep? _____

Where will the cat primarily stay (house, yard, its own room, crate, etc.)? _____

Where will you keep the litter box? _____

Are you aware that cats need regular vaccinations and require other routine veterinary care? Yes No

Are you willing to provide adequate medical care if this cat should become sick or injured? Yes No

Please tell us why you should be the new “parents” to this cat? _____

PLEASE NOTE:

Completing this adoption application is not a guarantee of adoption. Your application will be reviewed along with any others received on the requested cat to ensure that the best home possible is selected for this cat. We will review your application within 24 hours and advise you of the status within that time as well. Thank you.

****All cats must be picked up in an approved cat carrier.**

Most of the cats at House of Broken Cookies have experienced physical and or psychological trauma, coming from shelters or being abandoned by their previous owners. Because of this, House of Broken Cookies feels it is imperative that our cats be adopted into homes that offer health, happiness, safety, longevity and permanence.

Applicant Signature: _____ Today's Date: _____