



Camano Animal Shelter Association 198 Can Ku Road Camano Island, WA 98282

CamanoAnimalShelter.org camanoshelter@yahoo.com 360-387-1902

Date:_____

My ideal cat is: indoor/outdoor _	outdoor only	yindoor only	wherever it	wants (check all that apply)
I am interested in a specific cat named:		_		
APPL	ICANT CONT	CACT INFORMA	<u>TION</u>	
► Applicant				
First Name:	_ Last Name	:		Age:
► Co-Applicant				
First Name:	_ Last Name	:		Age:
► Residence Address:			where pet will	l live (NOT a P.O. Box)
City:				
Home Phone:	Cell	- :		(XXX-XXX-XXXX)
Email address:				
▶ How did you hear about this pet?1. What qualities are you looking for				
2. Do you live in a house / apartmen 3. Do you rent or own your home? (a If renting please provide the Landlord/ name 4. How many people live in the home 5. List 5 words which describe your h	circle one) Own Property Owne	Rent (Rent 's name and phone phone #(s)(and circle) Spouse/F	ent - any place you do n e number for verij Partner Parents	ot personally own) fication Roommates Me
5. List 5 words which describe your h				
6. Who will be responsible for the me	edical care, foo	d, and supplies for	r this cat?	

7. Is anyone in the household allergic to dogs or cats?	
8. Are there children in your home? Yes / No if yes,	ages
9. Will there be children regularly visiting your home	e? Yes / No ages
10. This cat will be indoor / outdoor / both / cati	o / other
11. Where will the cat stay?	
During the day Du	uring the night
When you are not home	
12. How many hours per day will the cat be left alone	?
13. Do you have other animals currently? Please pro	
14. If you currently own a cat/cats, has it/they been F	eLV tested? yes / no / don't know / what is that?
15. Do you own a cat who is FeLV or FIV positive? _	•
16. Have you owned pets in the past? Yes / No	How many?
What types and where are they now?	
17. Have you ever given up a pet to a rescue organiza	tion or animal shelter? Yes / No
If Yes describe the circumstances	
18. What provisions would be made for your cat if yo	u had to move?
19. Under what circumstances would you NOT keep	your cat?
20. If your cat became destructive or developed behavior	vioral issues, how would you correct it or what
would you do to resolve the issue?	

21. Will you be having this cat declawed?Y	esNoMaybe if destructive
22. Why do you feel you are the right home for thi	s cat?
23. Who is your current Veterinarian? (Name, Loc	cation, Phone Number)
24. Have you ever been arrested for cruelty to anim	mals or had pets removed from your home?
boarded, spayed or neutered, microchipped, FeLV to	Shelter Association or <i>C.A.S.A.</i> , have been acquired, fedested, received necessary medical care and vaccinations as asked to pay an adoption fee to C.A.S.A. as part of the
<u>*</u>	d to the best of my knowledge. I understand that if, for an nust bring it back to C.A.S.A. during business hours and
I do understand that C.A.S.A. and its staff member whatsoever, including but not limited to, false or untr	rs reserve the right to deny my application for any reasorue adoption application information.
In checking this box I agree to all terms and condi	itions that apply to this application. [] I agree
Applicant Signature:	Date:
Printed Name:	
Co-applicant Signature:	Date:
Printed Name:	
STAFF ONLY	
Date application received Ones:	Contacted regarding application?