

# Branford Compassion Club Cat Adoption Application

Branford Compassion Club (BCC)  
2037 Foxon Rd. North Branford, CT 06471  
(203) 483-6369  
[BranfordCompassionApplications@gmail.com](mailto:BranfordCompassionApplications@gmail.com)  
[www.branfordcompassionclub.org](http://www.branfordcompassionclub.org)

**IMPORTANT:** This form must be completed in Adobe Acrobat. Please do not attempt to edit the form in another program (such as Preview on a Mac), as it may not save your information correctly. Complete the form, save a finished copy to your computer, then attach to an email to us. Applicant must show proof they are at least 18 years of age or have parental consent.

**Please fill in all fields. BCC will not process incomplete applications.**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Street Address \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_  
Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_ Email address \_\_\_\_\_

Description of cat(s) you would be interested in (male/female, long/short haired, cat or kitten, color, etc.) Please describe the temperament and activity level you are looking for in a feline (lap cat, independent, talkative, etc.)

How did you hear about BCC?

## Household Information

Where do you live?    Condo    House    Apartment    Mobile Home    Do you...    Own    Rent

How long have you lived there?

Are you allowed to have cats?    Yes    No    Unsure

Please provide phone # for landlord if you rent. (Lease with pet provision must be presented or rental permission form to be completed by landlord.)

Are there children in your home?    Yes    No    If yes, how many and what ages?

Are all members of your household aware of your plans to adopt a cat?    Yes    No    Unsure

Are any members of your household allergic to cats?    Yes    No    Unsure

What would you do with your cat if a member of your household became allergic to your cat?

What would you do with your cat/s if you had to move?

Are you?    Working    Attending School    Retired    Other

How many hours a day will your cat be alone?

**Veterinary History** Please include all vets you have used in the past 10 years, using additional space if necessary. **Please call all listed veterinary offices and give them your permission to talk to us when we call.**

Name of 1<sup>st</sup> veterinarian \_\_\_\_\_ 1<sup>st</sup> Veterinarian phone # \_\_\_\_\_

Number of years affiliated with 1<sup>st</sup> vet \_\_\_\_\_

Name of 2<sup>nd</sup> veterinarian \_\_\_\_\_ 2<sup>nd</sup> Veterinarian phone # \_\_\_\_\_

Number of years affiliated with 2<sup>nd</sup> vet \_\_\_\_\_

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Names of living pets

Names of deceased pets

Are you prepared to take your new cat/s for updated vaccinations and medical treatment for their lifetime?      Yes      No

## Other

Who will be responsible for your cat?

Many cats live to 15-20 years of age. In order to guarantee life long care for our cats we ask adopters to identify a contingency plan. **Please provide the full name and phone number of an adult outside your household who would be willing to provide for your cat if you were no longer able to do so.** This information is required in order to process an application.

**References** These people should not be family members. Friends and co-workers make great references!

Name	Name
Phone #	Phone #
Email address	Email address

## Companion Animal History

Do you currently have cats?      Yes      No      If yes, how many?      Are they spayed/neutered?      Yes      No

How long have you had your cat/s?

Have you had cats in the past?      Yes      No      If yes, please answer the questions below.

Were they spayed/neutered?      Yes      No      Unsure      Have you had a previous cat die?      Yes      No

If yes, how did the cat/s die?

Have you ever lost a cat?      Yes      No

If yes, please explain.

Did the cat/s live strictly indoors?      Yes      No      Unsure      Were the cat/s declawed?      Yes      No      Unsure

Will your new cat live strictly indoors?      Yes      No      Unsure

Will you declaw your new cat?      Yes      No      Unsure

If your thoughts/plans on these questions have changed, please explain why.

Do you have a dog?      Yes      No      If yes, how many?      Do your dogs live indoors?      Yes      No

Do you have other pets?      Yes      No

If yes, please list what type and how many.

When complete, please email the form to [BranfordCompassionApplications@gmail.com](mailto:BranfordCompassionApplications@gmail.com) or bring it with you to the shelter, Saturday 11am- 3pm. We are located at 2037 Foxon Rd, North Branford. We will reply as soon as possible and look forward to talking to you soon. Thank you.