

**CAT APPLICATION - MATCHMAKING FORM**

Date \_\_\_\_\_  
Cat's Name \_\_\_\_\_  
Type \_\_\_\_\_  
Sex \_\_\_\_\_ Age \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **P.O. Box** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

Current Veterinarian \_\_\_\_\_ Phone # \_\_\_\_\_

I wish to adopt a cat because: \_\_\_\_\_  
\_\_\_\_\_

Personal References (Please list two non-family -- **Names, Phone**):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

**About You and Your Household--Please Check Appropriate Box:**

Are You: ( ) Working, ( ) Homemaker, ( ) Retired, ( ) Attending school, ( ) other: \_\_\_\_\_

Type of Housing: ( ) Home, ( ) Condo, ( ) Apartment, ( ) Mobile Home, ( ) RV

( ) Own, ( ) Rent, ( ) Live with parents, ( ) Rent lot space, ( ) Other:

Landlord's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Others in household (inc. ages of children): \_\_\_\_\_  
\_\_\_\_\_

My experience with Cats: ( ) First Time, ( ) Had One or Two, ( ) Very Experienced

Do you have other pets now? ( ) Yes, ( ) No, If yes: ( ) Cat, ( ) Dog Breed: \_\_\_\_\_

Where did you get pet? \_\_\_\_\_ Length of time you had pet \_\_\_\_\_ Spayed/Neutered? ( ) Yes ( ) No

If you don't have a pet now, have you ever had a pet before? ( ) Yes, ( ) No

If yes: ( ) Cat, ( ) Dog Breed \_\_\_\_\_ Spayed/Neutered? ( ) Yes, ( ) No

Length of time you had pet \_\_\_\_\_ What happened to pet \_\_\_\_\_

\*\*Have you previously adopted a pet from Mission Valley Animal Shelter? ( ) Yes, ( ) No

**Your preferences**

\*\*Type of Cat I'd Like: ( ) Short Hair ( ) Medium Hair ( ) Long Hair ( ) Any Length

Prefer: ( ) Male ( ) Female ( ) Either Color \_\_\_\_\_

\*\*I'd like these personality/temperament traits in my cat: ( ) Quiet ( ) Mellow ( ) Affectionate

( ) Lap Cat ( ) Playful ( ) High energy ( ) Curious ( ) Busy ( ) Independent ( ) Vocal-Talkative

( ) Other: \_\_\_\_\_

\*\*I'd like a cat that: ( ) Lives indoors only ( ) Goes outside with me ( ) Comes and goes independently  
( ) Would live in a barn ( ) Lives outside only ( ) Will travel with me

\*\*My cat will be (Where) \_\_\_\_\_ during the day,  
and (Where) \_\_\_\_\_ at night.

Please note: MVAS does NOT endorse declawing cats.

I understand the Mission Valley Animal Shelter is under no obligation to adopt the animal described in this Application to me for any reason whatsoever. I further understand that representatives of Mission Valley Animal Shelter will contact the references listed above for suitability for adoption and pet ownership. If I am approved for adoption, I agree to execute an Adoption Agreement and be bound by the terms thereof.

The undersigned releases and holds harmless the Mission Valley Animal Shelter, its employees, agents, officers and directors, from any and all liability which may arise out of any verification of the information contained herein. Mission Valley Animal Shelter agrees that it shall keep information received from such verification confidential.

The undersigned further releases and holds harmless the veterinarian(s) listed on the reverse side hereof, and such veterinarian's clinic, employees, agents, officers and directors, from any and all liability which may arise from information conveyed by such veterinarian or such veterinarian's clinic, employees, agents, officers and directors, to the Mission Valley Animal Shelter as a result of inquiries made in connection with this Adoption Application.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Adopter's Signature**

**Where did you hear or learn about this pet?**

( ) Newspaper Ad ( ) Radio ( ) Poster ( ) Website ( ) Referral ( ) Drop-In ( ) Other: \_\_\_\_\_

**Are you a member of MV Animal Shelter?** ( ) Yes ( ) No

**Interested in becoming a member?** ( ) Yes ( ) No

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**(For Shelter to Complete):**

Application: ( ) Approved ( ) Denied Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

DNA List Checked: ( )

Follow-up:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_