

CAT ADOPTION APPLICATION

SHAMROCK FOUNDATION, INC.

Mail to: 1831 Tyler Parkway, Louisville, KY 40204

www.shamrockpets.com 502-585-3220

Date: _____ How did you hear about this cat? _____
Name or type of cat you want to adopt: _____ Male or Female
Breed: _____ Age: _____ Color: _____

Your name: _____ Phone/cell _____

Address: _____ Work phone _____
Zip _____

Email _____

Number of people currently living in the household: _____ Ages of children in household _____

List the names of all the dogs & cats you have owned in the past 5 years. Do you own them now?

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Name of your vet, if you have one: _____ Phone # _____

Do you want an inside _____ outside _____ or inside/outside cat _____

Do you plan to declaw this cat? ___ Yes ___ No If yes, ___ front only or ___ all four (check one)

Where will the cat stay --at night? _____

--when you are at work? _____

--when you are out of town or during an emergency? _____

If you move, what will you do with your cat? _____

Do you own ___ or rent ___? If you rent, are you allowed to have a cat? _____

How much is the pet deposit? _____ Is there an additional monthly charge per pet? _____

Property Manager Name: _____ Phone # _____

References (Not living with the applicant)

1. Name _____ Phone/cell _____

2. Name _____ Phone/cell _____

I give permission for a representative of the Shamrock Foundation to verify the above information.