



**P.L.U.T.O. RESCUE
CAT ADOPTION APPLICATION
PO BOX 140889
STATEN ISLAND, NY 10314
718-227-0553**



*****Please note: Completed Application DOES NOT Guarantee Adoption*****

Cat's Name _____ Date of Application _____ Email _____

1. Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone: Landline _____ Work _____ Cell _____

2. Why do you want to adopt this pet? (Check all that apply)
 companion gift companion for other pets other, explain _____

3. Number of people in home: _____ Ages _____

4. Type of housing: Apt _____ Condo _____ Duplex _____ House _____ Does anyone smoke in the home? _____

5. Do you rent _____ or own _____? How long have you resided at your present address? _____
 Are animals permitted? Y _____ N _____

6. If rental, landlord's name: _____ and Phone: _____

7. Are you employed? Yes_No_ If yes, employers Name, Address and Phone # _____
 How many hours per day do you work? _____

8. Does anyone in your household have any known allergies to animals? _____

9. Do you have animals now? _____ What kind? _____
 Ages _____ Are they neutered or spayed? _____
 Has your current pet(s) been around cats before? _____ How do they react? _____

10. Have you had animals in the past? _____ What kind? _____
 What happened to them? _____

11. How did you hear about P.L.U.T.O. Rescue? _____

12. Veterinarian's Name _____ Address _____ Phone # _____

13. Please list references:
 Name: _____ Relationship _____ Phone _____
 Name: _____ Relationship _____ Phone _____

_____ Date: _____

Applicant's Signature: I hereby state that my signature confirms the information in this application is true.