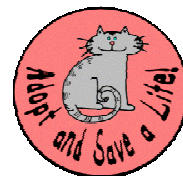




P.L.U.T.O. RESCUE
CAT ADOPTION APPLICATION
PO BOX 140889
STATEN ISLAND, NY 10314
718-227-0553



Cat's Name _____ Date of Application _____

1. Name _____

Address _____

City _____ State _____ Zip _____

Telephone: Home _____ Work _____ Cell _____

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

3. Number of people in home: _____ Children in home _____ Ages _____

4. Type of housing: Apt _____ Condo _____ Duplex _____ House _____

5. Do you rent _____ or own _____? How long have you resided at your present address? _____

6. If rental, landlord's name: _____ and Phone: _____
 Are animals permitted? _____

7. Are you employed? Yes ___ No ___ If yes, employers Name, Address and Phone # _____

8. Where will the cat be kept while alone? _____

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

10. 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? _____

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

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

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

14. 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.