



The Cat Program at The Home Stretch Dog Haven

Cat/Kitten Adoption Application



Date: _____

Applicant's Name: _____

Cat's Name (if applicable): _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

How long at this address ? _____

Type of Residence: House _____ Apt _____ Condo _____ Mobile Home: _____

If mobile home, is it a public or private lot? _____

Own _____ Rent _____ (if rent, please list name and phone # of landlord/rental agent) _____

Household: #Adults _____ # and ages of Children _____

Current and prior pets (previous 3yrs) in your home:

Type/Breed _____ Age _____ Yrs owned _____ Sex-Altered? _____ Who is Caretaker? _____

Have you had cats previously? Yes _____ No _____

Were they all spayed/neutered? Yes _____ No _____

Why do no longer have them? _____

Veterinarian: _____

Will this/these cats be: Indoor _____ Outdoor _____ Both _____ Barn _____

If barn/outbuilding, please describe: _____

Noise/Activity level of environment: Low _____ Medium _____ High _____

Personal References (names and contact information):

1. _____

2. _____

I verify all above is true:

Signature: _____ Date: _____

First, download document to your device. Once completed, save with a filename that includes your last name and submit it to:

pah8moravia@gmail.com or via text message to 315-730-6731

If printing and completing by hand, send the completed form to:

Patty Reynolds, PO Box 807, Moravia, NY 13118