

MATCHMAKING FORM -- CAT APPLICATION

Date _____

Animal's Name _____

Breed _____

Sex _____ Age _____

I.D.# _____

Applicant Name: _____

Street Address: _____ P.O. Box _____

City: _____ State: _____ Zip _____ Home Phone _____

Current Veterinarian _____ Phone # _____

I wish to Adopt a Dog Because: _____

Personal References (Please List Two--Names, Addresses, Phone):

1) _____

2) _____

About You and Your Household--Please Check Appropriate Box (x):**Are You: () Working, () Homemaker, () Retired, () Attending School, () Other: _____

**Employer/Occupation: _____ Bus. Phone: _____

**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: _____

My Experience with Cats: () First Time, () Had One or Two, () Very ExperiencedDo You Have Other Pets Now? () Yes, () No, If Yes: () Cat, () Dog Breed: _____Where Did You Get Pet? _____ Length of Time You Have Had Pet _____ Spayed/Neutered? () Yes () No**If You Don't Have a Pet Now, Have You Ever Had a Pet Before? () Yes, () NoIf Yes: () Cat, () Dog Breed _____ Spayed/Neutered? () Yes, () No

Length of Time You Had Pet _____ What Happened To Pet _____

Have You Ever Adopted a Pet from Mission Valley Animal Shelter? () Yes, () NoYour Preferences:****Type of Cat I'd Like: () Short Hair () Medium Hair () Long Hair () Any LengthPrefer: () 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 Would Be (Where) _____ During the Day,

and (Where) _____ at Night.

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 ANIMAL?

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

ARE YOU A MEMBER OF MISSION VALLEY ANIMAL SHELTER? () Yes () No

WOULD YOU LIKE INFORMATION ON BECOMING A MEMBER? () Yes () No

(For Shelter Employees to Complete):

Application: () Approved () Denied Date: _____ -

Reason for Denial: _____

DNA List Checked: ()