

**COLLIERVILLE ANIMAL SERVICES**  
 603 E. South Street  
 Collierville, TN 38017  
 (901) 457-2670  
 casinfo@colliervilletn.gov

**Cat Adoption Application**

Pet \_\_\_\_\_  
 Staff/Vol \_\_\_\_\_

In order to be considered for an adoption today you must:  
 Be at least 21 years of age. Have a valid ID with current address.  
 Have the knowledge and consent of all adults living in your household to adopt a pet.

NAME \_\_\_\_\_ DL# \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 PRIMARY PHONE \_\_\_\_\_ SECONDARY PHONE \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_ EMPLOYER \_\_\_\_\_

Is your residence:  
 A HOUSE \_\_\_\_\_ If so, do you (Rent \_\_\_\_ / Own \_\_\_\_ ) APARTMENT \_\_\_\_\_ DORM \_\_\_\_\_

Do you live with your parents or grandparents? \_\_\_\_\_

If applicable, are you aware of restrictions for pets in your apartment complex/dorm? i.e. (size, pet deposits, number or kind allowed) Y \_\_\_\_\_ N \_\_\_\_\_

Landlord or Rental Agency Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 (Staff member reviewing application must initial here to signify that the landlord was contacted and did approve \_\_\_\_\_)

Please provide the following information about your household:

1. Number of adults \_\_\_\_\_ Number of children \_\_\_\_\_ Age of children \_\_\_\_\_
2. Who will hold primary responsibility for the pet \_\_\_\_\_, feeding pet \_\_\_\_\_, training pet \_\_\_\_\_
3. What type(s) of pets do you now own, have in your home or have you owned during the past 5 years:

NAME	Cat or dog BREED	WHERE KEPT	AGE	SEX	NEUTERED/ SPAYED	VET SEEN AND PHONE #

4. Which of these animals do you still own? \_\_\_\_\_

5. Do we have permission to contact your veterinarian for health history? Yes \_\_\_ No \_\_\_ Initials: \_\_\_\_\_

CAS Staff comments: \_\_\_\_\_

6. If you move, what will you do with your pets: \_\_\_\_\_

7. Are you financially able and willing to pay for the ongoing costs of feeding, licensing, and providing medical care for your new pet? (Pet care can average \$1000.00 per year) \_\_\_\_\_

8. Do any members of your family have allergies to cats? \_\_\_\_\_

9. Will this pet be a gift? Yes \_\_\_ No \_\_\_ If yes, is the person who will receive this animal aware that you are getting it for them? Yes \_\_\_ No \_\_\_

10. If you work away from home all day, how will you accommodate having a new pet and provide time to train it and provide adequate attention to your new pet? \_\_\_\_\_

11. This pet will be left alone (without human companionship) for approximately \_\_\_ hours per day, \_\_\_ days per week.

12. Where will the pet be kept during the day? \_\_\_\_\_ night \_\_\_\_\_ when left alone \_\_\_\_\_

13. Your pet will need time to adjust to his/her new home; this can take one, two, or several weeks, particularly if other animals are involved. Do you have the patience and understanding to allow enough time for this adjustment? \_\_\_\_\_

14. How did you learn about our shelter? \_\_\_\_\_

15. Have you ever adopted a pet from us before? Yes \_\_\_ No \_\_\_

16. Have you ever surrendered an animal to us before? Yes \_\_\_ No \_\_\_ If yes, for what reason:

\_\_\_\_\_

By signing below, I certify that the information I have given is true. I understand that this application is the property of the Collierville Animal Services and that they have the right to accept or deny applications as they deem appropriate, and that any misrepresentation of facts could result in my loss of pet adoption privileges.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by \_\_\_\_\_

Approved \_\_\_\_\_ No \_\_\_\_\_ If no, state reason \_\_\_\_\_