

CAT ADOPTION APPLICATION

New Hope for Eastern Oregon Animals

PO Box 146, Baker City, Oregon 97814

541-403-2710

email newhopeanimals@live.com

**Thank you for your interest in rescuing a cat by means of adoption.
Please fill this out and either mail it, email it or contact someone to
deliver it to per the above information.**

Name_____

Address_____

Phone_____ **Email**_____

Describe cat or kitten you wish to adopt and reason for adopting.

Have you had a cat before?____ **Describe**_____

Are you familiar with feral cats?_____

Where will the cat live?_____

Do you have other pets currently? Describe_____

If you have dogs are they cat friendly?_____

What are your rules when it involves children, family and friends interacting with a cat?_____

How long and where will the cat be left alone each day?_____

Do you own or rent your property?_____ **If rent, may we contact your landlord for confirming permission?**_____

Name_____ **Phone Number**_____

Owning a pet is a lifelong commitment, incl. vet bills. Describe your commitment._____

Veterinarian or friend reference and contact info_____

Applicant signature_____

New Hope Representative Signature_____

Date_____