

**CAPIC ADOPTION APPLICATION**

Please provide the information below to apply to adopt a CAPIC cat or kitten or other animal.  
You may also type and save this application and email it back to [catnabber1@yahoo.com](mailto:catnabber1@yahoo.com)

A COMPLETED APPLICATION DOES NOT GUARANTEE APPROVAL FOR ADOPTION. Capic does a vet check and a reference check in the application process.  
Prospective adopters will be notified once approval is done.

**CAPIC - CAT ADOPTION & PET INFORMATION CENTER ADOPTION APPLICATION AND HOLD HARMLESS WAIVER FORM**

NAME \_\_\_\_\_  
CAT/KITTEN \_\_\_\_\_  
OTHER PET \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
street town zip

HOME PH \_\_\_\_\_ CELL PH \_\_\_\_\_

WORK PH \_\_\_\_\_

EMAIL \_\_\_\_\_ Place of  
Employment \_\_\_\_\_  
Years employed \_\_\_\_\_

Do you own your home? \_\_\_\_\_  
If NO- does your landlord allow pets? \_\_\_\_\_ (Lease or proof from landlord must be provided).

How long at current address? \_\_\_\_\_

How many adults in your home? \_\_\_\_  
Children? \_\_\_\_\_ Ages \_\_\_\_\_

Do you plan on declawing this cat/kitten? NO \_\_\_\_\_ OR YES \_\_\_\_\_

Will cat/kitten be an indoor cat only? \_\_\_\_\_ If no  
why? \_\_\_\_\_

Other pets in home and ages  
\_\_\_\_\_  
\_\_\_\_\_

Name of current Veterinarian \_\_\_\_\_

City \_\_\_\_\_  
Veterinarian Phone Number \_\_\_\_\_

Previous vet \_\_\_\_\_  
May we call your vet for references? \_\_\_\_\_ YES \_\_\_\_\_ NO

Will medical/veterinarian visits be a problem financially? \_\_\_\_ YES \_\_\_\_ NO

Previous pet(s) owned/Ages \_\_\_\_\_

Reasons for death or why you no longer have them? \_\_\_\_\_

Have you ever given up or returned a pet for any reason? \_\_\_\_ YES \_\_\_\_ NO

If yes, explain \_\_\_\_\_

Are your current pets up to date with shots? \_\_\_\_\_

Reference \_\_\_\_\_

Phone number \_\_\_\_\_ Relationship to you \_\_\_\_\_

Reason for adopting? \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver license number \_\_\_\_\_

**By signing below you agree to the following:**

I am over 18 years of age.

If I live home with my parents I have permission to adopt the cat(s).

I realize pet ownership is a commitment and this pet(s) may live longer than 20 years.

I agree to have this pet spayed/neutered (5 months and over 4 pounds) if adopted before spay/neutered and will provide CAPIC with receipt from vet.

I agree to give this pet a good home.

I agree that if for any reason I am unable to keep the cat I agree to notify CAPIC first.

By signing this waiver I hold harmless for any reason Cat Adoption & Pet Information Center, CAPIC volunteers, CAPIC Board Officers, Trustees etc., in the adoption of this cat(s) as well as Amwell Pet Supply, Belle Mead Animal Hospital, and the owners and employees, or any other location if the adoption takes place on another premises.

I also agree to the kitten/cat adoption rules provided by CAPIC and will activate the free 30 day insurance certificate given by Capic upon adopting. Capic is not responsible for any vet bills once the adoption takes place. By signing below I affirm all information is accurate and true.

Name \_\_\_\_\_

Date \_\_\_\_\_

Adoption Fee \_\_\_\_\_

Capic can explain reduced cost spay/neuters through [www.friendsofanimals.org](http://www.friendsofanimals.org). Please purchase the certificate online and then call one of the participating vets. We can explain all details at adoption. Cost of spay/neuter is up to the adopter if the cat is not already spay/neutered and your vet may not accept this. Please check before adopting.