TABBY TOWN USA, Inc.
S1695B Stenslien Lane, Westby, WI 54667
(608) 634-4614 ilovecats@mwt.net www.TabbyTownUSA.org

White: Marie
Yellow: Adopter

ADOPTION APPLICATION

Date _____

Cat(s) I'm interested in _____ Description(s)_____
Name _____ Home Phone _____
Address _____ Mobile Phone _____
City/State/Zip _____ Work Phone_____
E-Mail Address _____ ***Please "Like" us on Facebook!***

Ages of Children at Home_____ No. of Other Cats at Home_____ Cats Spayed/Neutered ___Yes ___No
Dogs at Home __No __Yes. If yes, what breeds? _____ Dogs Spayed/Neutered___Yes ___No
How are they with cats? ___Very Good ___Good ___Not Good ___Don't Know
___Own home ___Rent....Renters, do you have permission from your Landlord for a cat? ___Yes ___No
Does your Landlord require the cat to be declawed? ___Yes ___No ___Don't Know
Landlord's Name & Phone_____
Current Vet Clinic_____ Personal Reference & Phone_____

Have you ever given up a cat? __No __Yes. If yes, explain: _____

In which cases would you give up your cat? *Please be honest and check all that apply.* If a problem arises where you might have to give up the cat, please call us before it gets out of hand. We can probably help fix it!

__ Stops using litterbox	__ Household member allergic	__ Cat becomes ill	Other: _____
__ Scratches furniture	__ Bites	__ If I have a baby	_____
__ Doesn't get along with other pets	__ If I move	__ Never	_____

Since most cats and kittens arrive at Tabby Town as strays, we don't know the background of these animals. We cannot be responsible for temperament, diseases or conditions not known to us at the time of adoption. WE RECOMMEND A HEALTHY KITTY EXAM WITH YOUR VETERINARIAN AS SOON AS POSSIBLE AFTER ADOPTION. I agree to release Tabby Town USA, Inc. of all liability including, but not limited to, scratches and bites.

Veterinarian fees and medication expenses for your newly adopted cat/kitten FROM THIS DAY FORWARD will be the ADOPTER'S RESPONSIBILITY and Tabby Town will not be expected to pay for those costs. If you can no longer keep your Tabby Town cat, please contact us to determine if we can take him back. Adoption fees are non-refundable and will be considered a much needed donation to help the other rescued cats.

___I understand that Tabby Town does not approve of declawing and I WILL NOT DECLAW any cat/kitten adopted from them.
___I understand that adopting a cat/kitten is a full time commitment of up to 20 years.
___Kitty may hide for a week or longer and may not eat right away; I will give kitty time to adjust to his new home.
___I have read this Application in its entirety and I understand and accept the obligations herein.
___Please add me to Tabby Town's mailing list.

_____ _____
Adopter's Signature Date Approved by Tabby Town Staff

$_____ paid by:
___Cash ___Credit Card ___Check #_____
$_____ donation

Adopted from: ___Petco Adoption Weekend ___Condo
___Foster Home:_____

Medical Records ___ Given ___ Will be Mailed
___Bring kitty back to Petco on _____
for distemper vac. by Tabby Town for a donation of $10
___Spay/Neuter approx. _____
___Deworm Kitty with Pyrantel (provided) on_____
___Treat Earmites with Medicine (provided) on_____