



COUNTRY KITTIES ADOPTION APPLICATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Do you own your own home? Yes _____ No _____

Where will your cat live? _____

What will you with your cat if you move? _____

Have you ever surrendered an animal to the ARL or any other shelter? Yes ___ No ___

If yes, when? _____ Why? _____

If you cannot keep the cat, do you agree to return it to the ARL or notify the ARL of its new home? Yes _____ No _____