



Back Street Cat Rescue, Inc.  
740-238-8525

CAT ADOPTION  
APPLICATION

BACK STREET Cat Rescue

APPLICANT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ (If different) \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Employer: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ How long with this employer? \_\_\_\_\_  
Email Address: \_\_\_\_\_

HOUSEHOLD INFORMATION

\*\* Failure to fully disclose information will result in immediate denial. \*\*

How long have you lived at the above address? \_\_\_\_\_  
Type of housing you live in: \_\_\_ Single Family House \_\_\_ Apt/Condo \_\_\_ Townhouse  
Do you rent or own: \_\_\_ Rent \_\_\_ Own If rent, are cats permitted? \_\_\_ yes \_\_\_ No  
If rent, list your landlord's name and phone number: \_\_\_\_\_

Do you have children? \_\_\_\_\_ Yes \_\_\_ No  
If yes, list names and ages(s) \_\_\_\_\_  
Does anyone in the household have allergies to any kind of animal? \_\_\_\_\_ Yes \_\_\_ No  
If yes, have they consulted a doctor about getting a cat? \_\_\_\_\_ Yes \_\_\_ No  
If yes, are they taking medicine? \_\_\_\_\_ Yes \_\_\_ No  
If you ever move, have you considered that another place may not allow pets? What will you do if this happens? \_\_\_\_\_

List your current pet(s) CURRENT PET INFORMATION

Name: \_\_\_\_\_ Cat/Dog \_\_\_ Age \_\_\_ Gender \_\_\_ Male \_\_\_ Female Spay/Neutered \_\_\_ Yes \_\_\_ No \_\_\_  
Name: \_\_\_\_\_ Cat/Dog \_\_\_ Age \_\_\_ Gender \_\_\_ Male \_\_\_ Female Spay/Neutered \_\_\_ Yes \_\_\_ No \_\_\_  
Name: \_\_\_\_\_ Cat/Dog \_\_\_ Age \_\_\_ Gender \_\_\_ Male \_\_\_ Female Spay/Neutered \_\_\_ Yes \_\_\_ No \_\_\_

Name and phone number of your current veterinarian: \_\_\_\_\_

Are your current pets on a monthly flea preventative treatment? \_\_\_\_\_ Yes \_\_\_ No  
Are your current pets up to date on their vaccinations? \_\_\_\_\_ Yes \_\_\_ No  
Are your current cat(s) \_\_\_ Indoor only \_\_\_ Indoor/outdoor \_\_\_ Outdoor mainly  
Have your cat(s) been tested for Feline Leukemia (FeLV) \_\_\_ Yes \_\_\_ No Are they FeLV positive? \_\_\_ Yes \_\_\_ No  
Have your cats been tested for FIV (Feline AIDS)? \_\_\_ Yes \_\_\_ No Are any FIV positive? \_\_\_ Yes \_\_\_ No  
What type of food do you feed your cats? \_\_\_ Dry food only \_\_\_ Dry & Canned Food \_\_\_ Canned Food Only  
What brand(s) of food do you use? \_\_\_\_\_

I will keep any cat adopted from BSCR as an indoor pet. \_\_\_\_\_ Yes \_\_\_ No  
I will not have any cat adopted from BSCR declawed.. \_\_\_\_\_ Yes \_\_\_ No  
Name of cat(s) or description of cat(s) you would like to adopt. \_\_\_\_\_