

Staff Initials: \_\_\_\_\_  
 Cat(s) Name(s): \_\_\_\_\_  
 \$25 Deposit   
 \$50 Deposit   
 Full Amount: \$ \_\_\_\_\_  
 Microchip (\$30)



10236A Baltimore National Pike  
 Ellicott City, Maryland, 21042  
 Adoptions: 410-274-3530  
 Shelter: 410-461-0516  
[SmallMiraclesRescue.org](http://SmallMiraclesRescue.org)  
[Info@SmallMiracles.org](mailto:Info@SmallMiracles.org)  
[SmallMiraclesRescue.org/Pet Finder](http://SmallMiraclesRescue.org/Pet_Finder)

## Adoption Application for Cats/ Kittens

\*Print clearly and fill out completely. Applications with missing information will be denied.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Names of all members of your household	Age	Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does everyone in your household approve of adopting this cat(s)? Yes  No   
 Is anyone in your household allergic to cats? Yes  No   
 Will you allow this cat outdoors? Yes  No   
 Will you declaw this cat(s)? Yes  No   
 If your cat requires medical attention, will you take him/her to a vet? Yes  No   
 Have you ever surrendered a pet? Yes  No

Residence: Own  Rent   
 If you rent, do you have any lease restrictions on owning pets? Yes  No

Landlord Name: \_\_\_\_\_ Landlord Phone Number: \_\_\_\_\_

Vet Name: \_\_\_\_\_ Vet Phone Number: \_\_\_\_\_

\*If you do not currently have a vet, please look up and provide the contact information of the veterinary practice you will most likely

\*Please complete other side.

**Under what circumstances would you not keep this (these) cat(s)?**

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<b>Current Pet(s) Name</b>	<b>Type</b>	<b>Age</b>	<b>Spayed/ Neutered?</b>	<b>Up to date on vaccines?</b>
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Past Pet(s) Name</b>	<b>Type</b>	<b>Age</b>	<b>Spayed/Neutered</b>	<b>What happened to this pet?</b>
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

**Why do you want to adopt a cat?**

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**Have you ever given up a pet? If so, why?**

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**In the event you became unable to care for your cat, what plan do you have to ensure the continuity of care of the cat?**

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**Many of our cats were rescued from difficult and sometimes traumatizing circumstances. Will you allow for your cat to have 10-14 days to decompress and adjust to their new home?**

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**Signature of Prospective Adopter**

**Date**

\_\_\_\_\_  
\*Please provide a valid, government-issued photo ID with your application.

\*\*Small Miracles Cat and Dog Rescue (SMCDR) has the right to inspect the applicant's home after the adoption to ensure the well-being of the cat. SMCDR also reserves the right to reclaim the animal, if in its opinion, the animal is not being properly and humanely cared for. SMCDR will reclaim all animals if all the requirements of the adoption application are not met.