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**LANGE FOUNDATION**  
*animal rescue, care, and placement*

2106 S. Sepulveda Blvd. Los Angeles, CA 90025

Halfway Home Kennel 310.473.5585 • Fax 310.473.0157 • St. Bonnie's Sanctuary 661.251.5590

Email: info@langefoundation.org • Visit Online: LangeFoundation.org

**Cat Adoption Application**

Name \_\_\_\_\_ Driver's License \_\_\_\_\_

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

Main Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Hours \_\_\_\_\_ Work Phone \_\_\_\_\_

List all adults and children living in your home. Total number, yourself included \_\_\_\_\_

NAME	AGE	OCCUPATION	RELATIONSHIP	PHONE NUMBER

Is anyone allergic to cats? \_\_\_\_\_ Does everyone agree on adopting the cat? \_\_\_\_\_

Do you rent or own your home? \_\_\_\_\_ If rent, may we contact your landlord? \_\_\_\_\_

Landlord Name \_\_\_\_\_ Landlord Phone \_\_\_\_\_

HOUSE  APARTMENT  TOWNHOUSE  CONDO  MOBILE HOME  \_\_\_\_\_

Do you have a cat/dog door? \_\_\_\_\_ Do you have a balcony? \_\_\_\_\_ Is it fully enclosed? \_\_\_\_\_

Is this your first cat? \_\_\_\_\_ Reason for adopting \_\_\_\_\_

Can you commit to the care and veterinary costs for the life of the cat (up to 15-20 years)? \_\_\_\_\_

Veterinarian Name \_\_\_\_\_ Veterinarian Phone \_\_\_\_\_

What will you do if your cat stops using the litterbox or scratches furniture? \_\_\_\_\_

\_\_\_\_\_

How did you hear about Lange Foundation? \_\_\_\_\_

List 2 personal references who do not live in your household:

NAME	PHONE	RELATIONSHIP

How many cats do you have? \_\_\_\_\_ Breed/Mix \_\_\_\_\_ Ages \_\_\_\_\_

Have you had cats in the past 10 years? \_\_\_\_\_ What happened to them? \_\_\_\_\_

Have they been tested for FeLV and FIV? \_\_\_\_\_ Are your cats declawed? \_\_\_\_\_

How many dogs do you have? \_\_\_\_\_ Breed/Mix \_\_\_\_\_ Ages \_\_\_\_\_

Have your dogs been around cats? \_\_\_\_\_ How do they get along? \_\_\_\_\_

Where are your pets from?  BREEDER  STORE  SHELTER  STRAY  \_\_\_\_\_

Are your pets sterilized? \_\_\_\_\_ Current on vaccines? \_\_\_\_\_

Any medical, physical, or behavioral issues? Explain: \_\_\_\_\_

List any other pets in the home \_\_\_\_\_

Have you ever rehomed a pet? \_\_\_\_\_ Why? \_\_\_\_\_

Describe in detail your ideal cat (breed, age, gender, temperament, etc) \_\_\_\_\_

Under what circumstances would you have the cat declawed? \_\_\_\_\_

Where will your new cat spend the day? (circle all that apply)

- Loose Indoors      Crated Indoors      Basement      Garage      Barn      Fenced yard  
Loose Outside      Free Access to Both Indoor and Outdoor      Other: \_\_\_\_\_

Where will your cat be during the night? (circle all that apply)

- Loose Indoors      Crated Indoors      Basement      Garage      Barn      Fenced yard  
Loose Outside      Free Access to Both Indoor and Outdoor      Other: \_\_\_\_\_

**Sterilization:** If the cat you want to adopt is not yet sterilized, you agree it must be sterilized either before or shortly after you adopt it and agree to deliver proof of same to Lange Foundation.

**Home visit:** You agree to allow us to visit your home by appointment as part of our application process.

**Applicant information:** All of the information provided in this application is true and correct. If any of the information changes, the adopter will promptly update Lange Foundation.

**Completion of application does not guarantee adoption:** Lange Foundation has the right to deny any application.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_