



Adoption Questionnaire

We are so excited that you have decided to adopt a cat or kitten from Tenth Life Cat Rescue! We will do everything possible to find the perfect match for your home. Here's the process:

1. Complete this questionnaire
2. Chat with our adoption counselors on the phone to find the best kitty for you
3. Meet cats of interest
4. Adopt the cat of your dreams!

Adoption fees: ***\$100 for cats older than 6 months and \$125 for kittens (6 months or younger).***

All cats are spayed/neutered, microchipped, current on vaccines, tested for FIV and FeLV, and treated for fleas and parasites.

Kittens six months and younger NEED a buddy – either a second kitten to adopt or a resident cat. (Kittens get lonely, bored, and destructive, and no one wants that!)

Since it's stressful for *everyone* when adoptions fall through, we are careful to find perfect matches for you and our kitties. We appreciate your patience.

If you have any questions, ask away!!

Be sure that you:

- **Are 21 years of age or older. If not, grab a parent or guardian!**
- **Have a photo ID**
- **Bring your kids along! We want everyone to enjoy this exciting event.**

Please contact us with any questions.

Phone: 314-808-2454 Email: adoptions@tenthlifecats.org

TELL US ABOUT YOU!

Today's date			
Last name	First name	DOB	/ /
Co-adopter name			
Address		APT #	
City	State	Zip	
Primary phone ()		Secondary phone ()	
Best day/time to call			
Email address		Add me to Tenth Life's email list! ___yes ___no	
Do you [] rent or [] own		Are you allowed to have cats?	
How were you referred to Tenth Life Cat Rescue?			

Describe your level of experience with cats: ___expert ___seasoned ___somewhat ___newbie
Do you have questions about cats we can answer for you?

Tell us about your household (people, pets, allergies?)
Do you plan to let your cat outdoors? [] yes [] no Do you plan to declaw your cat? [] yes [] no

Who is your veterinarian?	Phone ()
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Why are you adopting a cat at this time?
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Are you interested in a specific cat at Tenth Life? If so, what is his/her name?

What type of cat are you interested in? Age_____ Gender_____ Hair-length_____
Personality_____
Some of our cats have special needs. Would you consider adopting any of the following?
[] requires special medication [] is shy or timid
[] requires a special diet [] has a history of biting
[] requires injections [] has elimination/litter box problems
[] requires frequent or daily medical attention [] elderly cats
[] FIV positive cats [] other_____

PERSONAL REFERENCES (Cannot be related to you)

Reference #1	Reference #2
Phone ())	Phone ())
Email	Email
Relationship	Relationship

AGREEMENT

By signing below, I acknowledge that the information provided on this application is correct to the best of my knowledge. If at any time the information I have provided changes, I will provide the updated information to Tenth Life Cat Rescue.

Please sign (or, if completing the application digitally, type) your first and last name in the box below to indicate your acceptance of these terms. This will act as your signature and indicates your agreement to be bound by these terms.

Adopter	Date
 Co-adopter, if applicable	

Email your application or any questions to: adoptions@tenthlifecats.org

If you prefer, you can mail the application to:

**Tenth Life Cat Rescue
P.O. Box 63187
St. Louis, MO 63163**



THANK YOU!!!