

Adoption Application
OCSP CAT RESCUE, Inc.

(714) 815-4300 Voicemail,Text / ocspratrescue.org / ocsp.adoptions@gmail.com / (877) 226-4379 Fax

Name: _____ Date: _____

Address: _____

City, State: _____ Zip: _____

Home phone: _____ Work phone: _____

Email: _____ Cell Phone: _____

Employer: _____ Occupation: _____ Yrs. There: _____

Employer Address: _____ Phone #: _____

Are you 18 years of age or older? Yes [] No []

Name of cat/kitten you are interested in: _____

How long have you been looking for a cat? _____

Reason for Adoption: Family Companion [] Companion for my pet [] For Child [] Mouser []

Other (Please Specify): _____

Is this pet a gift? If yes, for who? _____

Current Living Situation: House [] Condo/Townhome [] Apt [] Military [] Live w/ Parents []

Other (Please Specify): _____

How long at this residence: _____ Yrs. _____ Months Do You: Rent [] Own []

If you rent, please provide Landlord's Name and Phone Number: _____

Do you have any roommates? Yes [] No [] If yes, how many & ages: _____

In your home: No. of adults: _____ No. of children: _____ Ages: _____

Would you object to a home inspection by OCSP? Yes [] No []

Experience with Pets: First Time Pet Owner [] Have had a couple [] Have had many pets []

Is anyone in your home allergic to animals? Yes [] No [] Possibly [] Unsure []

If so, how will you handle it? _____

Where do you plan on keeping your cat? (Check all that apply) Indoor Only [] Outdoor []

Indoor & Outdoor [] Outdoor w/ Supervision [] Outside on harness and leash []

Will your cat have access to pet door, patio, balcony or garage? Yes [] No []

If yes, which? (Check all that apply) Pet Door [] Patio [] Balcony [] Garage []

Specify the conditions that the cat will have access to the above: _____

Have you considered who will care for your animals during vacations? House Sitter [] Kennel []

Friend/Relative [] Other []: If so, who? _____

Are you planning on declawing? Yes [] No [] (NOTE: If you don't know what declaw means, ask OCSP for an explanation before answering.)

In what situation would you consider giving up this cat (please specify)? _____

How many hours a day will the cat be alone? _____

If the pet had a behavioral problem, what would you do? Ask Vet [] Take to Shelter []
Call Trainer [] Train Yourself [] Call OCSP [] Give Away [] Other []: _____

What would happen to the cat if you were to move? _____

What arrangement will be made for your pets if you are unable to care for them? _____

Have you ever given up an animal before? Yes [] No []

If the answer is yes, please explain why the animal was given up and to whom it was given up to.

What happen to the pet when he/she was given up? _____

Please list your current Vet's name, phone number and address (NOTE: Please provide if you have had pets in the past or currently own pets.)

Vet/Animal Hospital Name: _____ Phone #: _____

Address: _____

City, State: _____ Zip: _____

Are your pets current on vaccinations? Yes [] No [] If not, why? _____

If you have other cats, have they been tested for Both Feline Leukemia (FELV) and Feline Immunodeficiency Virus (FIV)? Yes [] No []

If you have had them tested, what were the results? _____

What would you do if your cat required expensive veterinary care? How much would you spend? _____

CURRENT PETS IN YOU HOME:

Please fill out for each pet currently in the home. (You can add more if more space is needed for additional pets in the home)

Name & Breed	Age	Sex	Spayed / Neutered	Indoor / Outdoor / Both	How Long Owned	Anything else we should know?

PAST PETS THAT YOU HAVE OWNED:

Please fill out for past pets that you have owned. *(You can add more if more space is needed)*

Name & Breed	Age	Sex	Spayed / Neutered	Indoor / Outdoor / Both	How Long Owned	Anything else we should know?

Please list two personal references that we can contact regarding how you are or will be as a pet owner. *(No Relatives Please. We will ask for another reference if a relative is given.)*

Reference 1:

Name: _____ Phone #: _____

Relationship: _____ Yrs. Known: _____

Reference 2:

Name: _____ Phone #: _____

Relationship: _____ Yrs. Known: _____

Is there anything else we should know about you or that we should consider when reviewing your application? _____

As evidenced by my signature below, I attest that the answers that I have given in this document are true and factual to the best of my knowledge and that I have not misrepresented myself in any way. I understand that the completion of this application does not guarantee the adoption of any OCSP cat and that OCSP has the right to decline my application for adoption for any reason.

Signature: _____ Date: _____

Note: If you are not contacted within a week (7days) of submitting your application, it means the application was not approved.