Anjellicle Cats Rescue
non-profit | no-kill | cat rescue & adoption

Application Type *

Cat Match

I have found the perfect cat match!
I am still deciding on my new best feline friend.

Name of Cat *

A-Number/ID *

Where did you find the cat? *

About you

Full Name *

First Name   Last Name

E-mail *

example@example.com

Jotform

Your Age *

Main Phone Number *

Area Code   Phone Number

Cell/Alternate Phone

Area Code   Phone Number

Address *

Mailing Address incl. apartment number

City   State / Province

Postal / Zip Code

Type of Residence *
   House
   Apartment

Rent/Own *
   Rent
   Own
   Live with family

Are pets allowed? *
   Yes
   No

# of Bedrooms *

# of Bathrooms *

Are you able to isolate a cat in a separate room? *

yes
no

How did you hear about Anjellicle Cats Rescue?

Household

How many people reside in your household? *

If more than 1, you will be asked to enter Name, Age and Relationship for each **additional** household member.

Person 1, Name, Age, Relationship

Person 2, 3, etc.: Name, Age , Relationship

Is anyone residing in your household allergic to cats? *

   Yes
   No

Do you have window screens? *

   Yes
   No

Do you have a smoke detector? *

   Yes
   No

Do you have a deck, terrace or balcony? *

Will you keep the cat indoors or outdoors? *

How will you prevent furniture scratching? *

Will you declaw the cat? *

   No
   Yes
   Maybe

Have you ever declawed before? *

   No
   Yes
   Cat was already declawed by someone else

Employment

Occupation/Title *

Retired?

Ye

Employer Name *

Employer Address *

Street Address

City   State / Province

Postal / Zip Code

Pet History

Do you have temporary animals in your household from other rescue organizations? *

Have you had pets before? *
Cats
Dogs
Other
No

Do you currently have pets? *
Cats
Dogs
Other
No

Name and age of pet

Are any of your current pets *
Not vaccinated
Not Spayed/ Neutered
Spayed/Neutered
Up-to-date on vaccination
Not applicable

What do you feed your pets? *

In case of an emergency, is there a contingency plan in place for your current and/ or future pets? Please explain. *

Vet reference
If you do not currently have a vet, please enter a former vet.

Phone *

Clinic *

Dr. Name *

Current or Former?

Current
Former

Professional Reference
References from various sources are helpful to your application approval. We can not process an application if you do not provide 2 references. Please choose individuals who can easily be contacted via email, phone or text to avoid delays. A professional reference can be an industry colleague or co-worker, it does not have to be a boss/supervisor.

Business Ref Name *

First Name   Last Name

Phone Number *

Phone Number

Area Code

E-mail

example@example.com

Personal Reference

Personal Ref Name *

First Name   Last Name

Phone Number *

Area Code   Phone Number

E-mail

example@example.com

Thank you!

Please press the submit button below to finish!