

**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? \***

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**About you**

**Full Name \***

First Name

Last Name

**E-mail \***

example@example.com

**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

**Management Company/Landlord \***

First Name

Last Name

**Phone Number MgmtCo/LL \***

Area Code

Phone Number

**Email MgmtCo/LL \***

**Are pets allowed? \***

example@example.com

Yes

No

**# of Bedrooms \***

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

yes

no

**How did you hear about Anjellicle Cats Rescue?**

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# 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**

**# of Bathrooms \***

**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

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## Employment

**Occupation/Title \***

**Retired?**

Yes

**Employer Name \***

**Employer Address \***

Street Address

City

State / Province

Postal / Zip Code

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## 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? \***

List brand names and types, i.e. Wellness wet canned food, Nutro dry food, etc.

**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

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## 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 \***

Area Code

Phone Number

**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

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**Thank you!**

**Please press the submit button below to finish!**