Norwich Veterinary Hospital 439 Salem Tpke Bozrah, CT 06334 Feline Adoption Application

Name:	
Spouse/partner name:	
Phone Number:	
Date:	
Address:	
Number of years at this address:	
Rent/own/lease If you rent/lease, landlord name ar	nd number:
Number of children and their ages	:
Other residents in home other than	n children/spouse:
Current/previous pets (going back Name: Age: Veterinary office used: Years owned: Up to date on vaccines: Current/deceased/surrendered (if s	• ,
Name: Age: Veterinary office used: Years owned: Up to date on vaccines: Current/deceased/surrendered (if s	surrendered please explain why):
Name: Age: Veterinary office used:	

Years owned: Up to date on vaccines: Current/deceased/surrendered (if surrendered please explain	why):
Name of employer:	
Number of years employed:	
If you go away on vacation, what will you do with the cat?:	
Will he/she be allowed outdoors?:	
Under what circumstances would you get rid of a pet?:	
Who will be the primary caretaker?:	
Are you financially and emotionally prepared to take care of life?:	f a cat for the next 15+ years of its
Please provide at least 2 references other than your veterinal Name: Phone number: Years known: Relationship:	rian:
Name: Phone number: Years known: Relationship:	
I hereby certify all this information to be true to the best of a intentional false representations on this application it will re and by signing below I understand the price for adoption is applicable vaccines at age at time of adoption, deworming, a	sult in me being denied adoption; \$200 for a kitten, to include; all
Printed name	Signature
Staff name/position	Signature
Date	