



# Middle Tennessee Treasures

all breed dog & cat rescue

## CAT ADOPTION APPLICATION

**Thank you for your interest in providing a forever home to an animal in need from Middle Tennessee Treasures, a non-profit organization (hereafter referred to as "MTT").**

The first step in the process of adopting a cat from MTT is to complete this application. The application provides us with important information and allows us to work with you to determine if the adoption is in the pet's best interest. Our adoption fee includes the cost for vaccinations and other medical care and the spaying or neutering of the animal.

Name of Cat Desired: \_\_\_\_\_ Or Type Desired: \_\_\_\_\_

Potential Adopter Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

What type of household do you live in? (house, apartment, condo) \_\_\_\_\_

Do you Own or Rent? \_\_\_\_\_

If renting, please provide landlord information so we can confirm having a cat is acceptable in your household.

Landlord's name \_\_\_\_\_ Landlord's phone \_\_\_\_\_

Where will the cat live?      Indoors Only    Outdoors Only    Indoors and Outdoors

Do you plan to declaw the cat?      Yes    No

We recommend all other animals in your home be up to date on vaccinations.

Please list all of your current pets:

Dog or Cat	Breed	Age	M/F	Neutered/Spayed?	How long owned?

Have you had other dogs/cats not listed above?      Yes    No

If yes, what happened to them? \_\_\_\_\_



**P.O. Box 2460 Shelbyville, TN 37162-2460**

**931-224-5010**

**midntreasures@gmail.com**



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How would you describe your level of experience with cats? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who will be the primary caretaker of your animal? \_\_\_\_\_

Would you be willing to have a MTT member do a home visit?  Yes  No

Please provide three personal references (non-family members) in which you give permission for an MTT representative to call:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name & Address of your Veterinarian \_\_\_\_\_

Please tell us anything else you would like us to know to help match you up with the right forever animal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that all statements made by me on this adoption application are true and correct and understand that MTT reserves the right to refuse adoption to anyone. MTT will not adopt to persons who mislead or fail to provide accurate information on this application. By signing this application, I give MTT the permission to verify my information & contact the references I have given.

\_\_\_\_\_  
POTENTIAL ADOPTER'S SIGNATURE DATE: \_\_\_\_\_



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