



Sullivan Sanctuary of Maine - Cat & Kitten Adoption Application

Thank you for your interest in adopting from Sullivan Sanctuary of Maine. Our goal is to ensure every cat or kitten is placed in a safe, loving, and permanent home. Please complete this application honestly and thoroughly. Submission of an application does not guarantee approval.

1. Applicant Information

Full Name: _____
Date of Birth: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____
Preferred Contact Method: Phone / Text / Email

2. Household Information

Do you rent or own your home? Rent / Own
If renting: Landlord Name: _____
Phone/Email: _____
Are pets allowed? Yes / No / Unsure
List all household members (names & ages):

Does everyone in the home agree to adopting a cat/kitten? Yes / No

3. Current & Past Pets Do you currently have pets? Yes / No
If yes, list species, ages, and spay/neuter/vaccine status:

Have you owned cats in the past? Yes / No

If yes, what happened to them? _____

Current Veterinarian:

Clinic Name: _____ Vet Name: _____

Phone/Email: _____

Address: _____

Authorization: By submitting this application, you authorize Sullivan Sanctuary of Maine to contact your veterinarian for a reference check.

4. Cat/Kitten Preferences

Name of cat/kitten you are applying for:

Traits you are looking for: _____

Traits that would be difficult for you to manage: _____

5. Home Environment & Lifestyle

Will this cat be: Indoor Only / Indoor-Outdoor / Outdoor Only

If indoor/outdoor, explain how you will keep the cat safe:

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

Where will the cat sleep? _____

Do you have other cats? Yes / No

If yes, are they up to date on vaccines and tested for FeLV/FIV?

6. Behavior & Expectations

Are you willing to work with a cat who needs time to adjust? Yes / No

How will you handle behavioral challenges (scratching, hiding, litter box issues, etc.)? _____

7. Spay/Neuter Agreement

If the cat/kitten is not yet spayed or neutered, you agree to:

- Sign a Spay/Neuter Contract

- Complete the surgery by the deadline set by Sullivan Sanctuary of Maine

- Provide proof of surgery

Do you agree to these terms? Yes / No

8. Home Check & Follow-Up

Sullivan Sanctuary of Maine may conduct reference checks, veterinary checks, home checks (virtual or in-person), and follow-up communication after adoption.

Do you agree to these requirements? Yes / No

9. Personal References

Reference #1:

Name _____

Phone/Email _____

Relationship _____

Reference #2:

Name _____

Phone/Email _____

Relationship _____

10. Final Acknowledgment By submitting this application, I confirm that:

- All information provided is true and complete
- I understand that providing false information may result in denial
- I authorize Sullivan Sanctuary of Maine to verify all information
- I understand that submitting an application does not guarantee approval or adoption

Applicant Signature: _____ Date: _____