

P.L.U.T.O. RESCUE CAT ADOPTION APPLICATION PO BOX 140889 STATEN ISLAND, NY 10314 718-227-0553





s Na	ameDa	te of Application		
1.	Name			
	Address			
	City	State	Zip	
	Telephone: Home	Work	Cell	
2.	Why do you want to adopt this pet? (Check all that apply)companion giftcompanion for other petother,explain			
3.	Number of people in home:	Children in home _	Ages	
4.	Type of housing: Apt Cond	do Duplex	House	
5.	Do you rentor own	? How long have you reside	d at your present address?)
	If rental, landlord's name:and Phone:			
	Are animals permitted? Are you employed? YesNo If yes, employers Name, Address and Phone #			
	Where will the cat be kept while al			
9.	Does anyone in your household ha	ve any known allergies to ar	nimals?	
	Does anyone in your household have any known allergies to animals?			
	Ages Are they neutered or spayed?			
	Has your current pet(s) been arour			
	Have you had animals in the past?_ What happened to them?			
12.	How did you hear about P.L.U.T.O.	Rescue?		
13.	Veterinarian's Name	Address		Phone #
	Please list references:			
	Name:	_Relationship	Phone	
	Name:	Relationship	Phone	

Applicant's Signature: I hereby state that my signature confirms the information in this application is true.