



**Small Miracles Cat & Dog Rescue**  
 10236A Baltimore National Pike, Ellicott City, MD 21042  
**Adoptions:** 410-274-3530      **Shelter:** 410-461-0516  
[info@smallmiraclesrescue.org](mailto:info@smallmiraclesrescue.org)  
[SmallMiraclesRescue.org](http://SmallMiraclesRescue.org)  
[SmallMiraclesRescue.org/Petfinder](http://SmallMiraclesRescue.org/Petfinder)

## Adoption Application for Cats/Kittens

**Print clearly and fill out completely.**

**Name** \_\_\_\_\_ **Date of birth** \_\_\_\_\_

**Address** \_\_\_\_\_ **Home phone** \_\_\_\_\_

\_\_\_\_\_ **Cell phone** \_\_\_\_\_

**E-mail** \_\_\_\_\_ (required for microchip)

**Names of all members of your household** **Age** **Occupation (if applicable)**


**Does everyone in the household approve of adopting this cat?**      Yes      No

**Is anyone in the household allergic to cats?**      Yes      No

**Residence:**     Own       Rent      **Lease restrictions:** \_\_\_\_\_

**Landlord's name** \_\_\_\_\_ **Landlord's phone number** \_\_\_\_\_

**Are you willing to take this cat to the vet for medical attention?**      Yes      No

**Vet's name** \_\_\_\_\_ **Vet's phone number** \_\_\_\_\_

**Will this cat be allowed outdoors?**      Yes      No      **Do you plan to declaw the cat?**      Yes      No

**Under what circumstances would you NOT keep this cat?** \_\_\_\_\_

Current Pet(s) Name(s)	Type	Age	Altered?	Up-to-date on vaccines?
_____	_____	_____	Yes No	Yes No
_____	_____	_____	Yes No	Yes No
_____	_____	_____	Yes No	Yes No

Past Pet(s) Name(s)	Type	Age	Altered?	What happened to this pet?
_____	_____	_____	Yes No	_____
_____	_____	_____	Yes No	_____
_____	_____	_____	Yes No	_____

**Have you ever given up a pet? Please explain.** \_\_\_\_\_

**Signature of prospective adopter** \_\_\_\_\_ **Date** \_\_\_\_\_

