

Working Cats Program

Generously funded by  **SAVE THEM ALL**



All of us for all of them.™

1. PERSONAL DATA (PRINT)

Name _____
Address _____
City _____ State ____ Zip _____
Home Phone _____
Cell Phone _____
Email _____

2. HOUSEHOLD INFORMATION

Living accommodations:
 House Trailer Rent Own Home
 Other _____

Landlord/Apt. Mgr.'s Name/Phone:

If applicable, does your lease allow pets?
 Yes No Unsure

Do you live here full-time? Yes No

What is the size and description of your property?

How far from the road/traffic is your property located?

Volume of traffic: light medium heavy
What is the speed limit? _____

3. ANIMAL CARE INFORMATION

Why do you want a working cat?

You will need to confine your working cat for 2-3 weeks. Are you prepared to allow this much time?

Yes No

What experience have you had in caring for sick or orphaned animals?

Who will be responsible for the cat's care?

Who will care for your working cat if you are away?

Have you had pets before? Yes No

What happened to the pets who are no longer with you?

Do you have pets of your own at this time?

Yes No

Please list the pets you currently own.

Species Breed Sex Age Spayed/neutered?

If you have a dog, is it permitted to run loose?

Yes No

If yes, what provision will you make to protect the cats?

4. COMMENTS

Please save this form to your desktop and email it back to us at workingcats@animalfoundation.com or print it and fax it to 702.384.4563.

Someone will be contacting you from our working cat program within 48 hours.