



WORKING CAT PROGRAM APPLICATION

Today's Date		
Guardian	Name:	
	Address:	
Phone/s	Primary:	Alt:
Email/s	Primary:	Alt:
Potential Working Cat Property	Address:	
Type of Property (circle one):	Residential Yard / Horse Stables / Warehouse / Brewery / Vineyard / Farm / Other:	Own or Rent:
Other Cats on Property?	Current: Yes / No Previous: Yes / No	How many?:
Other Animals on Property?	Yes / No	Types:
Children on Property?	Yes / No	Ages:
Do you have a permanent shelter for working cats?	Yes / No	If no – are you willing to create shelter with our suggestions?
Do you have prior experience with working cats?	Explain:	
How many working cats are you interested in adopting?	2 / 3 / 4 / 5	Other Requests:
Are you willing to provide food and water to cats for the remainder of their life?		
Are you will to confine the cats for 4 to 6 weeks during relocation acclimation?		
Are there any potential hazards may these cats face (circle all that apply):	Busy Vehicle Traffic / Coyotes Predation / Unsupportive Neighbors / Potential Gaps in Care / Other:	
What would you do if your working cat became sick?		
Anything else you'd like us to know?		

I hereby certify that to the best of my knowledge and belief the above information is true and correct, and I acknowledge that the Palm Springs Animal Shelter can deny an adoption for any reason.

Signed: _____

Dated: _____

Print Name: _____