

Mailing Address:
P.O. Box 904
Divide, CO 80814

CAT ADOPTION FORM

Phone: 719-686-7707
Fax: 719-686-7428

Physical Address:
308 Weaverville Rd.
Divide, CO 80814



office@tcrascolorado.com
www.tcrascolorado.org

CAT: Helpful Information

All cats are spayed or neutered, and receive all vaccinations including rabies, before leaving the shelter.

Adopter Name: _____ TODAY'S DATE: _____

Address: (physical) _____ City: _____ Zipcode: _____

Address: (mailing) _____

Home # _____ Cell # _____ Email: _____

Please make sure you fill out your email address, without it we are unable to pass on important information about your new forever friend.

How did you hear about us? Friend/ Internet/ Newspaper/ Other (specify) _____

Do you agree to "opt in" to TCRAS sharing your email with our adoption partners and their subsidiaries (meaning you will be provided with a gift of insurance for your adopted pet).

YES I agree to opt in _____ (please initial)

NO I do not agree to opt in _____ (please initial)

Are you at least 18 years old? Yes or No

How did you hear about us? Friend Internet Newspaper Other (specify) _____

Do you live in a (circle one): Apt Condo Mobile home RV Home

Do you own, rent or rent to own?

Do you have the consent of all adults in the household? Yes or No

Will the cat be indoor, outdoor or a combination? _____

Where will the cat sleep/live? House pet inside with family In basement Live outdoors

Live in barn With me at all times Wherever it wants to be Kept at place of business



We strongly urge you to keep your cat inside at ALL TIMES. Cats live longer and healthier lives when living as inside pets. We also live in an area with many predators that can injure or kill cats.

Family Members

List all children in the house under 18yrs (This includes children that may be frequent visitors)

List all your pets you currently have (breed, gender, age)_____

Do all your pets have their current vaccinations? Yes or No

Are your current pets altered (spayed/neutered)? Yes or No

Name and phone # of your current Vet? _____

Are you willing to work with your new cat on any behavioral issues if needed? Yes or No

Do you understand that it may take several weeks for your new pet to adjust to a new home? Yes or No

By signing below, I authorize investigation of all statements in this application and understand that the adoption may be delayed until this application is verified. THE TELLER COUNTY REGIONAL ANIMAL SHELTER has the right to deny any adoption to whom, in its opinion, will not provide a suitable home for a particular animal. Any falsification of information provided can result in denial or revocation of the adoption.

Applicants Signature_____Date_____