



## Jefferson Parish Animal Shelter

### “CATS” APPLICATION:

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

DRIVER'S LICENSE NO: \_\_\_\_\_

AGE OF APPLICANT: \_\_\_\_\_

CAT NUMBER: \_\_\_\_\_

BREED: \_\_\_\_\_

COLOR: \_\_\_\_\_

SEX (MALE OR FEMALE): \_\_\_\_\_

I \_\_\_\_\_, do hereby declare that the costs associated with the adoption of a cat from the Jefferson Parish Animal Shelter/Friends of the Jefferson Animal Shelter would create a financial hardship that will prevent me from adopting a cat.

By signing this document I guarantee that I am willing and capable of providing for the adopted cat's daily care including food, any medicine and a permanent home. If for any reason you become unable to care for your cat such as medical or other unexpected conditions you or your family may contact the Jefferson Parish Animal Shelter to make arrangements to return the cat to our facility.

ADOPTER: \_\_\_\_\_

DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_