

Friends of Felines  
P.O. Box 325 Port Republic, MD 20686  
**CAT ADOPTION APPLICATION**

**Date:** \_\_\_\_\_ **Name of Cat** you are interested in adopting: \_\_\_\_\_

Your name: \_\_\_\_\_ Are you over 21? \_\_\_\_\_ Live as a dependent? \_\_\_\_\_ Are you a student? \_\_\_\_\_

Home telephone number: \_\_\_\_\_ Cell Phone number: \_\_\_\_\_

Work telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Your Street Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zipcode \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_

How long have you been at your present address? \_\_\_\_\_ Are you planning to move in the next 6 months? **Yes No**

Are you or your spouse in the military? \_\_\_\_\_ If so do you have an idea when you are to be transferred?: \_\_\_\_\_

Do you  **Rent** or  **Own** your  **Apartment**  **Townhouse**  **Condo**  **Single family home**  
 **Mobile Home**  **Duplex**  **Farm**

Landlord's name: \_\_\_\_\_ and phone number: \_\_\_\_\_ Pet cats allowed? **Yes No**

For whom do you want a cat? \_\_\_\_\_ Why? \_\_\_\_\_

Reason for adopting:  Family pet?  Companion for another pet?  Companion?  Barn Cat/ mouser?  
 Gift for someone else?  Other (specify) \_\_\_\_\_

How long do you intend to keep this cat? \_\_\_\_\_

***IDENTIFY OTHER PETS IN YOUR HOUSEHOLD:***

Cat/Dog/ Other (specify)	Declawed?	Age	Sex	Spayed/ Neutered?	Last vaccinated	Goes outdoors?	Time Owned
	Yes No			Yes No		Yes No	
	Yes No			Yes No		Yes No	
	Yes No			Yes No		Yes No	
	Yes No			Yes No		Yes No	

Your new cat may take 2 months or more to adjust to its new home. Are you willing to allow this much time for the adjustment?  **Yes**  **No**

What will you do if your new cat doesn't get along with your current pet(s) ?  
\_\_\_\_\_

May a representative from our organization conduct a pre—and/or post—adoption home visit?  **Yes**  **No**

***PETS OWNED IN THE PAST:***

Cat/Dog/ Other (specify)	Declawed?	Sex	Spayed/ Neutered?	Vaccinated?	Allowed outdoors?	Time Owned	Why no longer with you?
	Yes No		Yes No	Yes No	Yes No		
	Yes No		Yes No	Yes No	Yes No		
	Yes No		Yes No	Yes No	Yes No		
	Yes No		Yes No	Yes No	Yes No		

**Please complete the back of this sheet**

Name of an individual who knows/has known your other pets:

Name (please print): \_\_\_\_\_ Telephone #: \_\_\_\_\_  
What is this person's relationship to you? \_\_\_\_\_

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Please provide the name and address/telephone number of a veterinarian you most often use:

Name: \_\_\_\_\_

Name of Clinic where your vet works: \_\_\_\_\_ Vet's City, State: \_\_\_\_\_, \_\_\_\_\_

May we contact your vet's office for a reference? **YES NO**

**Your signature here permits us to check:** \_\_\_\_\_

Are you willing and able to take the cat to a vet for annual vaccinations and exam? **Yes No**

Do you intend to declaw the cat? (it is an amputation procedure; not simply a nail removal)? **Yes No**

Are you willing and able to pay for any tests/treatments/surgery/emergency care the cat may need? **Yes No**

If the cat must be on a prescription diet, and/or needed daily medication, would you be willing and able to bear the added expense and time required to obtain the food and/or give the medication? **Yes No**

What is your present occupation/source of income? \_\_\_\_\_

Employer Name & Location: \_\_\_\_\_

If applicable, is your spouse employed? **Yes No**

Have you ever adopted a pet from a shelter, animal welfare or rescue group? Which one? \_\_\_\_\_

Have you ever been denied adoption of a pet from any humane group? **Yes No**

Have you or anyone in your household ever been charged with cruelty to animals? **Yes No**

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How many adults live in your household? \_\_\_\_\_ What is their relationship to you? \_\_\_\_\_

How many children \_\_\_\_\_ What are their ages? \_\_\_\_\_ Are you a daycare provider? **Yes No**

Does everyone in your home want an adopted cat? **Yes No**

Are any members of your family at home during the day? \_\_\_\_\_ If so, whom? \_\_\_\_\_

Is ANY member of the household allergic to this species of pet? \_\_\_\_\_

How many hours will this pet be alone on an average day? \_\_\_\_\_

Where will the cat eat? \_\_\_\_\_ Who will be responsible for feeding/watering the cat? \_\_\_\_\_

Who will be responsible for cleaning the litterbox? \_\_\_\_\_ Where will you keep the litterbox? \_\_\_\_\_

The pet that you adopt would stay: **Inside at all times** \_\_\_\_\_ **Outside part time** \_\_\_\_\_ **Outside full time** \_\_\_\_\_

Where will this cat be kept during the **day**? \_\_\_\_\_ **night**? \_\_\_\_\_

If your cat goes outside, will it: **be supervised** \_\_\_\_\_ **be walked on leash** \_\_\_\_\_ **be protected in a screened enclosure** \_\_\_\_\_  
**Live in a barn** \_\_\_\_\_ **roam freely** \_\_\_\_\_

If your cat gets lost, what steps would you take to find it? \_\_\_\_\_

When you go on vacation, who will care for this cat? \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**Date** \_\_\_\_\_