

Friends of Felines

P.O. Box 325 Port Republic, MD 20676

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	

If you currently have dogs, what is the predominant breed in each one? _____

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		

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? _____

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**

List things you will do to manage the cat's need to scratch surfaces with its claws & minimize the damage?

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**

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 _____