

Swan Star Maine Coon Cats of Northern Illinois

CFA and TICA registered breeder

Kitten/Cat Adoption Application

Adopters must be 18 years and older

At Swan Star, all our cats and kittens are our family and we take all of them very seriously. We go all out to find loving, permanent homes where our kittens will be well cared for and adored throughout their life. Therefore, we try to do everything possible to help each family in their new pet adoption decision, and we appreciate your cooperation in completing this application and hope to help you find the perfect new member of your family.

To start the adoption process, please complete the following **Application** and email it back to Swan Star email address: contactswanstar@mainecoontkittenswanstar.com

Kitten/Cat's Name/color/gender Preference if any: _____

Would you be interested in a retiree/young adult? Yes___ No___

Our pet price is currently in the range from \$1,800 to \$2,100 and is subject to change based on the litter/kitten availability.

Please answer ALL of the following questions:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Phone: _____ E-mail address: _____

Place of employment/Occupation/title: _____

Type of housing: Single family home___ Apartment___ Townhome___ Other(specify)___ Rent/Own?

Landlord approved?___ Landlord's name and phone number: _____

How long have you lived at this address? _____

Are you in the process of moving, or anticipate moving in the next few months? _____

How did you learn about our cats and why would you like to acquire one? _____

Maine Coon Cats and Other Pets Experience:

What is your past and/or current experience with cats? _____

Have you ever owned a Maine Coon?if yes, from whom it was obtained? _____

Experience in resolving behavior issues: _____

Experience in caring for a sick pet: _____

Who will care for this cat primarily? (feeding, playtime, vet visits) _____

Who will care for this cat when you are away? _____

In what situation would you return this cat back to the breeder? _____

Have you ever had a pet: run away___ die in your care___ kept as an outdoor pet___ surrendered to a rescue or individual___? If yes, please explain the circumstances _____

Currently Owned Pets Information:

Do you currently own any pets and how many? _____

1: Type: _____ Breed: _____ Age: _____ Gender: _____ Altered: _____ neutered/spayed; _____ Declawed;

Current on vaccination? _____ Indoor/outdoor: _____

2: Type: _____ Breed: _____ Age: _____ Gender: _____ Altered: _____ Vaccination: _____ Indoor/outdoor: _____

3: _____

4: _____

How long have you owned? _____ How would you describe their temperament? _____

How do you think your current pets will adjust to this new kitten? _____

Who is your veterinarian? Name, address, phone number: _____

Have you ever declawed a cat? Y/N (explain) _____

Do you plan to declaw this kitten? Y/N (explain) _____

Household Information:

Please describe your household: Active _____ Noisy _____ Quiet _____ Average _____ Busy _____ Other? _____

Please list the names and ages of ALL people living in the home and their relationship to you (spouse, partner, roommate, son/daughter, etc.) Failure to fully disclose this information will result in immediate adoption denial.

Does anyone in the household have an anger management or other health issues? _____

Does anyone in the household have allergies to any kind of animal? _____

Has anyone in your household ever been convicted of animal cruelty, neglect, or abandonment? _____

Do you or anyone in your household smoke? _____

Please provide three references that we can contact:

New Kitten/Cat Information:

What is the anticipated date for this cat? _____

Where will you keep this cat? (select ALL that apply): Free run of house____ Crate in house____
Indoors Cat____ Outdoors Cat____ Both indoor/outdoor Cat____ In Garage____ Yard with fence____ Basement____
Other (explain)_____

Size of the area/home where the cat will have to run free? _____

Where will the cat be kept during the day? _____ At night? _____

Why do you want a cat? (select ALL that apply) Mouser/barn cat____ Breeding____ Companionship____
Children____ Travel companion____ Gift for friend or relative____ Other (explain)_____

Do you plan on declawing this cat? If so, why? _____

Will you bathe the cat once per month, to maintain hygiene and prevent matting? Y/N?Maybe _____

What food will you feed this cat? _____

How much expenses do you foresee to spend on this cat per month? _____

Who will be the primary caretaker of this cat? _____

Is this a gift? If yes, for who? _____

What veterinarian and vet clinic do you plan to use for this cat? _____

Please know that it is unrealistic to expect a child of any age to assume complete responsibility for an animal. Ultimately the adult(s) of the household are responsible for the complete care of the animals in the home. Are you prepared to take all responsibility for this animal should your child/ren become disinterested? Yes__ No__

Please give careful consideration to adopting this animal. Animals are not toys or short term commitment, they do require daily attention. Make sure your lifestyle allows time, emotional commitment, and financial means and responsibilities this animal will need over its lifespan.

Swan Star strives to place this animal in an environment compatible with its needs and to ensure the adoption is in the best interest of both the animal and applicant. Swan Star reserves the right to deny any applicant.

I certify that I have read the above information and that all information I have given is true and accurate and is subject to verification by Swan Star. I understand that any false statements and/or discrepancies may result in the nullification of an adoption.

Signature _____ Date _____

Printed Name _____

Please be prepared to show ID.

For office use only:

Home ownership/landlord approval__Vet check__ID check__Evaluation_____

Areas of emphasis that were counseled for this pet: Indoor/outdoor__Vetting__Crating__Kid restriction__Animal restriction__Work schedule__Pet's activity level/exercise needs__Medical conditions__Other_____

Approved _____ Denied _____