

# APPLICATION FOR CAT ADOPTION



Applicant name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Home e-mail: \_\_\_\_\_ Work e-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation \_\_\_\_\_

Name of cat you are interested in: \_\_\_\_\_

\*\*\*\*\*

Or if not available, what type of cat are you looking for?  Male  Female

Kitten (under 5 months)  Adult  Long Hair  Short Hair

Personality type: \_\_\_\_\_

Color: \_\_\_\_\_

\*\*\*\*\*

1. Why do you want to adopt a cat? \_\_\_\_\_

\_\_\_\_\_

2. How many people currently reside in your household? \_\_\_\_\_

3. Any children in the household?  No  Yes List ages: \_\_\_\_\_

4. For whom are you adopting the cat?  Self  Gift

5. Does any member of the family have any allergies to animals?  Yes  No

If yes, explain: \_\_\_\_\_

6. Who will be responsible for the cat's care? \_\_\_\_\_

**\*\*\*IMPORTANT: If you become unable to provide a loving home for this cat, please include the name and contact information of a friend or relative who would. List that person as your first reference on page 3.**

7. Where do you live?  Apartment  Condo  Farm  Mobile home  Townhouse  House

8. Do you own or rent your residence?  Own  Rent

If you rent, what is name of landlord and phone number? \_\_\_\_\_

9. Are companion animals allowed?  Yes  No  Not sure

10. Where will the cat be kept?  Indoors only  Outdoors only  Both in/out
11. If outdoors, will the cat be  attended  unattended  collar & tags?
12. Will anyone be home during the day?  Yes  No
13. How many hours will the cat be left unattended? \_\_\_\_\_
14. When no one is home, where will the cat be kept? \_\_\_\_\_
15. If you move, what will you do with the cat? \_\_\_\_\_
16. Have you ever had a companion animal before?  Yes  No

17. Describe those companion animals you still care for or that are living in your household.

Name	Breed	Age	Neutered?	Kept where	Time in your care

18. Describe those companion animals you no longer care for:

Name	Breed	Age	Neutered?	Kept where	Time in your care	Reason no longer with you

19. Are your companion animals current on their vaccinations?  Yes  No
20. Please provide name/address/phone of your veterinarian:  
 \_\_\_\_\_  
 \_\_\_\_\_

21. Are you planning on declawing?  Yes  No  Not sure
22. Are you financially able and willing to provide annual checkups and medical care?  Yes  No
23. What precautions would you take to properly introduce a new cat into your home if you have other animals (dog, bird, rabbit, another cat, etc.)? \_\_\_\_\_  
 \_\_\_\_\_

24. If a disciplinary or behavior problem arises with your cat, what steps will you take to work on it?  
 \_\_\_\_\_  
 \_\_\_\_\_

25. Have you ever adopted an animal from a rescue/animal control agency?  Yes  No
26. Have you ever had an adoption application rejected from a rescue/animal control facility?  Yes  No  
 If yes, explain: \_\_\_\_\_

27. Are you willing to sign legal pet adoption papers?  Yes  No

28. Do you agree to permit a visit to your home/farm by appointment?  Yes  No

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## References

*(Be sure to ask your reference before listing them so they will be alerted to our contacting them.)*

*We understand that some owners might have to rehome their pets due to unexpected circumstances. Please provide the name of a friend or relative who will commit to providing a safe and loving home for your cat. A cat that is not rehomed properly may find itself dumped outside or in a high kill shelter or worse (abused, bait for dog fighters, etc.)*

**Backup Adopter's Name:** \_\_\_\_\_

**Contact info:** \_\_\_\_\_

Please provide an additional 2 references. One may not be a family member.

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

**Text, phone or email:** \_\_\_\_\_

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

**Text, phone or email:** \_\_\_\_\_

*By signing this form, I/we acknowledge that all information on this form is true and correct. I/we understand that any misrepresentation of fact may result in FOCCAS refusing adoption privileges to me/us. If my/our request for adoption is approved and later FOCCAS discovers the above information is not true or correct, FOCCAS reserves the right to remove the adopted cat from my home/farm.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please save this completed application, then return it to the volunteer who sent it.**