

PET ADOPTION APPLICATION
LMN FELINE RESCUE, P. O. Box 600, Huffman, TX 77336

To ensure that this adoption is in the best interest of both you and the pet you have selected, we ask that you answer all of the following questions:

Full Name: _____ Date of birth: _____

Spouse/Partner's Name: _____ Date of birth: _____

Street Address: _____ City: _____ State & ZIP _____

Your Employer and Occupation: _____

Spouse/Partner's Employer and Occupation: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Name, and phone number of friend or relative not living with you at this address:

Name: _____ Phone: _____

Your email address: _____ Alternate email address: _____

1	Please tell us why you would like to adopt a pet:
2	Do you rent or own? _____ house _____ apartment _____ Condo/Townhome _____ Trailer _____, and/or are you living with parents? _____
3	Do you have your landlord's permission to bring a pet home? YES / NO
4	Name and phone number of landlord:
5	How much is your pet deposit? _____ When do you intend to pay for it? _____
6	Where do you keep your pets during the day?
7	Where do you keep your pets at night?
8	I am adopting this pet for: myself / spouse / other AND, as a gift / a companion / family pet / barn cat / other, please explain:
9	How long have you lived at current address? _____ years _____ months
10	Do you have any plans to move? YES / NO What would happen to your cat/kitten if you were to move unexpectedly?
11	Is everyone who regularly lives in your home in agreement to adopting this cat/kitten?
12	Do you have children: YES / NO How many? _____ What ages are they? _____
13	What would happen to the cat / kitten if you were to have more children?
14	Does anyone in your family suffer from allergies? Yes / No Please give details:
15	How many hours each day will your cat/kitten be alone?

16	What would you consider a good reason to give up this pet? Check or circle each one				
	Clawing furniture	Spraying / litter box problems	Jumping on countertops		
	Difficulty adjusting to home	Difficulty adjusting to pets	Arrival of new baby		
17	Which veterinarian do you use? And why?		When did you last visit _____ Vet's tel. no. _____		
18	How many pets do you currently have? Give details below:				
	Type	Breed	Date animal was spayed/neutered	Vaccinated/last office visit	Age
19	Give details of any previously owned pets that you have lost or have died in the last 5 years:				
	Type	Breed	Date animal was spayed/neutered	Vaccinated/last office visit	Age
20	Will this cat/kitten live: Inside/Outside ____ Outside only ____ Inside only ____				
21	Where will you place the litter box or boxes?				
22	Do you have a pet door:		Where is your pet door located?		
23	How long do you anticipate it will take for your cat/kitten to adjust to your home?				
24	Who will care for your pets when you are on vacation or business trips?				
25	What would happen to your pets if you have to evacuate or leave home suddenly?				
26	What would be a good reason for allowing your cat/kitten outside?				
27	What brand of food do you intend to feed your cat/kitten: Dry:			Can:	
28	Do you intend to declaw your cat? Yes / No Would you consider alternatives? Yes / No				

Signature of applicant: _____ Date: _____

Approved / Declined: _____ (LMN initials)

Email Application-Click Below