



Date Onsite:		DOB/Age:	
Partner: <b>Tiplings</b>	Adoption Fee:	<input type="checkbox"/> \$175	<input type="checkbox"/> \$300
Name:			
Description:			
<input type="checkbox"/> Neutered		<input type="checkbox"/> Spayed	
<b>Vaccinations and Test Results</b>			
Rabies:	FVRCP:		
FELV:	FIV:		
<b>About Me</b>			
<b>Favorite Toys</b>	<input type="checkbox"/> Feather Wand	<input type="checkbox"/> Crinkle Ball	<input type="checkbox"/> Something Noisy
<input type="checkbox"/> Laser	<input type="checkbox"/> Cat Nip	<input type="checkbox"/> Springs	<input type="checkbox"/>
<b>Good with</b>	<input type="checkbox"/> other kitties	<input type="checkbox"/> Kids	<input type="checkbox"/> Dogs
<b>Litter</b>	<input type="checkbox"/> Clumping Clay	<input type="checkbox"/> Pine	<input type="checkbox"/>
<b>Food</b>	Dry		
<b>Used by</b>	Wet		
<b>Foster</b>	Treats		
<b>Special Needs</b>	<input type="checkbox"/> Needs to be only Kitty <input type="checkbox"/> Must be adopted into cat household <input type="checkbox"/> Special Diet		



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<b>Special Needs</b>	<input type="checkbox"/> Needs to be only Kitty <input type="checkbox"/> Must be adopted into cat household <input type="checkbox"/> Special Diet		



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Partner: <b>Tiplings</b>	Adoption Fee:	<input type="checkbox"/> \$175	<input type="checkbox"/> \$300
Name:			
Description:			
<input type="checkbox"/> Neutered		<input type="checkbox"/> Spayed	
<b>Vaccinations and Test Results</b>			
Rabies:	FVRCP:		
FELV:	FIV:		
<b>About Me</b>			
<b>Favorite Toys</b>	<input type="checkbox"/> Feather Wand	<input type="checkbox"/> Crinkle Ball	<input type="checkbox"/> Something Noisy
<input type="checkbox"/> Laser	<input type="checkbox"/> Cat Nip	<input type="checkbox"/> Springs	<input type="checkbox"/>
<b>Good with</b>	<input type="checkbox"/> other kitties	<input type="checkbox"/> Kids	<input type="checkbox"/> Dogs
<b>Litter</b>	<input type="checkbox"/> Clumping Clay	<input type="checkbox"/> Pine	<input type="checkbox"/>
<b>Food</b>	Dry		
<b>Used by</b>	Wet		
<b>Foster</b>	Treats		
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