OFFICE USE ONLY:
FILE NUMBER: _____
DATE: _____
STAFF: _____

FELINE ADOPTION REQUEST FORM

Date: _____

Name of Applicant: _____

Name of your Spouse/Partner (for couples living together): _____

Email Address: _____ Email Address of Spouse/Partner: _____

Are you 21 years of age or older: ☐ ☐ What is your Date of Birth (MM-DD-YEAR) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Is this where the pet will live with you? _____

How long have you resided at this address? _____ If less than 2 years, what was your previous address:

_____

Phone # (Cell): _____ Phone # (Work): _____

Spouse/Partner's Phone #: _____ Best time to call: _____

Employers Name: _____ Phone #: _____

Employers Address: _____

City: _____ State: _____ Zip Code: _____

How long have you worked there? _____

Will this be the first time you have had a cat? ☐ ☐

Would you consider adopting a cat over 1 year of age? ☐ ☐

A.) Why do you want to adopt a cat? _____

B.) Do you live in a: ☐ House ☐ Townhouse ☐ Apartment ☐ Duplex ☐ Condominium

Do you own: ☐ ☐ Do you rent: ☐ ☐

If renting or belong to a home owners association, are pets allowed? _____

If renting, do you have your landlord's permission? ☐ ☐

Name and Phone # of Landlord: _____

E.) Do you understand that all Friends of Giuseppe Cat & Kitten Rescue cats are strictly indoors? Does this present a problem for your home? _____

F.) Are you prepared for acclimating a new cat to your home? ☐ ☐

☐ ☐ ☐ ☐

How long do you expect acclimating a new cat to take? _____

Do you understand the importance of quarantining your new cat from existing cats to acclimate them? _____

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

I.) Number of adults in household: _____ Number of children in the household: _____ Ages: _____

Are all adults in the household aware that you are adopting a cat and in agreement? ☐ ☐

Are any members of your household or regular visitors allergic to cats? ☐ ☐

J.) Are you expecting? _____ Do children visit regularly? ☐ ☐

K.) Is anyone home during the day? ☐ ☐ Who, when? _____

L.) List all of the people who will be responsible for caring for the cat: _____

_____

M.) How many hours each day will the pet be alone? _____

N.) When you go on vacation/travel, who will take care of the cat? _____

O.) If you move, what will you do with this cat? _____

P.) Are you willing to take care of this cat for the next 10 or more years? ☐ ☐

Q.) Is there a situation in which you would not be willing to keep your cat? ☐ ☐

If so, please explain: _____

R.) What behaviors WOULD you be willing to work through with your cat with acclimation, (if you have children under the age of 14, please give particular thought before answering)?

_____

_____

_____

How much time are you willing to give your cat to adjust to his/her new home? _____

S.) Do you have any idea of the yearly expense of caring for this animal? ☐ ☐

Please provide an estimate of the expense (vet care, food, grooming, licensing): _____

T.) How much are you willing to spend on medical bills for your cat? _____

What would you do if your bills go over your budgeted amount? _____

U.) Have you ever lost a pet (i.e. ran away, stolen, hit by a car)? ☐ ☐

If so, please explain: _____

V.) Have you ever turned a pet into a shelter? ☐ ☐

If so, please explain: _____

W.) Please list the pets you've had over the past 10 years and what happened to them:

Name	Type/Species	Sex	Age	Spayed/Neutered	Where is it now?

X.) Are all of your pets current on their routine vaccines? ☐ ☐

Y.) Do you know about flea and tick prevention? ☐ ☐

Z.) What is the name/address/phone number of your vet, your previous vet or anticipated vet?

_____

Please contact your vet and give them permission to release information to a Friends of Giuseppe Representative for a vet reference. Please list three personal **non-related** references that we may contact:

Name/Relationship: _____ Phone #: _____ Email: _____

Name/Relationship: _____ Phone #: _____ Email: _____

Name/Relationship: _____ Phone #: _____ Email: _____

All animals we adopt out are already spayed/neutered; do you have any reservation about this? ☐ ☐

The adoption contract stipulates that should you not be able to care for your Friends of Giuseppe pet that you will return it to our rescue for re-homing. Do you have any reservations about that? ☐ ☐

Does anyone in the home smoke? _____

How did you hear about Friends of Giuseppe Cat & Kitten Rescue? _____

I acknowledge that all the information on this form is true and correct. I understand that any misrepresentation of any fact may result in the removal of the adopted cat from my home by Friends of Giuseppe Cat & Kitten Rescue Inc.

_____

Signature Date