

Vermont Cat Rescue Inc.

A Non-Profit Feline Rescue and Adoption Facility

Adoption Application

Feline Information) :		
Name:	Age: _	Gende	er:
Spayed/Neutered:	Yes/No	Rabies Vaccination:	Last Vet Exam:
Adopter's Informa	tion:		
Name:		Phone:	Email:
Address:			
housing: rent/own/l r	elatives/other	:	How long have you lived here:
Place of Employment: Employer Phone:			
Driver's License/State ID Number: Issuing State:			
Other pets (type, age, indoor or outdoor):			
What made you cons Landlord Informat		a feline?	
Name:	,	Phone:	Email:
**Please note that Vermont Cat Rescue needs verbal and written consent from a landlord before an adoption can take place. Falsifying this information or any information on this form will lead to the feline being returned to Vermont Cat Rescue Inc. **			
knowledge. You agree of the feline you are a feline. A carrier is req at Vermont Cat Rescu period where you ma fee can be returned in	e that you are to requesting to a juired to be pro- le Inc. prior to by return the fe f the staff of Ve 45 fee for a bou	the age of 21+ and will dopt. The adoption feet ovided by the adopter at the feline leaving the falline to Vermont Cat Resermont Cat Rescue Inc.	correct to the best of your be responsible for any and all needs is due at the time of picking up the and will need to be seen by the staff acility. You have a 2-week grace scue Inc. where half of your adoption so choose. Vermont Cat Rescue Inc. is ands will need to taken care of in 14
Adoption fee: \$	Paid: Online donation/cash/check		
Signature of applican	t:		Date: