FELINE ADOPTION APPLICATION

MINIMUM AGE TO ADOPT OR FOSTER IS 22

Date:	Would you consider adopting more than one animal? ☐ Yes ☐ No
Animal of Interest's Name/Description or description of what you want:	

APPLICANT INFORMATION

Name:	Driver's license number:	State:
Address:		
City:	State:	Zip:
Phone #s: Home:	Work:	Cell:
E-mail Address:		
Number of People in Household:	If children are in the household, please list ages:	

GENERAL INFORMATION

Do You: ☐ Own ☐ Rent ☐ Live w/Parents	If rental, is the lease in your name? ☐ Yes ☐ No
Complex name/address:	
Manager/Landlord:	Phone number:
Do you consider your pet a part of the family? ☐ Yes ☐ No	Do you believe a pet is a lifelong commitment? ☐ Yes ☐ No
Reason for adopting cat/dog: ☐ Companion for Myself/Family ☐ Companion for another pet ☐ Companion for friend/relative ☐ Gift ☐ Guard Dog ☐ Hunting ☐ Sports ☐ Other: (specify)	
Have you discussed adding a new pet to your home with all members of your family? ☐ Yes ☐ No	
Are **all family members** in agreement about adopting a new pet? ☐ Yes ☐ No ****all adults in home must sign**	
Who will be the principal caretaker of your new pet?	
Will your pet be: ☐ Inside only ☐ Outside only ☐ Both Inside and Outside	Do you have a fenced in yard? ☐ Yes ☐ No
What is the traffic like around your home? ☐ Busy ☐ Slight ☐ Residential ☐ Country/Off Main Road	
Do you have family members (living in your household) who are allergic to animals? ☐ Yes ☐ No	
Are you willing to take responsibility if this pet acquires an illness? ☐ Yes ☐ No	
Are you willing and able to pay the veterinary costs of caring for your new pet? ☐ Yes ☐ No	
Are you willing to take the time to work with a pet if housetraining or socialization is needed? ☐ Yes ☐ No	
If the animal of interest is a cat, are you planning to declaw? ☐ Yes ☐ No	

PET INFORMATION

Have you EVER owned pets? ☐ Yes ☐ No	If yes, please complete the following information:

NAME & type of Pet (Cat/ Dog)	*Age*	*Spayed/Neutered*	*Inside/Outside*	*Where is Pet Now?*
		☐ Yes ☐ No	☐ Inside ☐ Outside	☐ Still Own ☐ New Owner ☐ Deceased
		☐ Yes ☐ No	☐ Inside ☐ Outside	☐ Still Own ☐ New Owner ☐ Deceased
		☐ Yes ☐ No	☐ Inside ☐ Outside	☐ Still Own ☐ New Owner ☐ Deceased
		☐ Yes ☐ No	☐ Inside ☐ Outside	☐ Still Own ☐ New Owner ☐ Deceased

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Name of last Veterinarian(s):	
City/State:	Phone:
Are you interested in Volunteering? ☐ Yes ☐ No	Are you interested in Fostering? ☐ Yes ☐ No

PERSONAL REFERENCE (Complete only if you have NEVER had a Veterinarian)

Name:	Relationship:
Phone:	Best time to contact:
Comments:	

Please consider donating your time or money

I/we have read the previous information carefully and have completed this application honestly. I/we understand that omission of information and/or failure to answer all questions and sign the application can result in this application being declined.
Applicant Signature/Date:
Co-Applicant Signature/Date (if applicable):
Pet Adoption Representative Signature Date:

ADDITIONAL NOTES OR INFORMATION FOR CONSIDERATION: