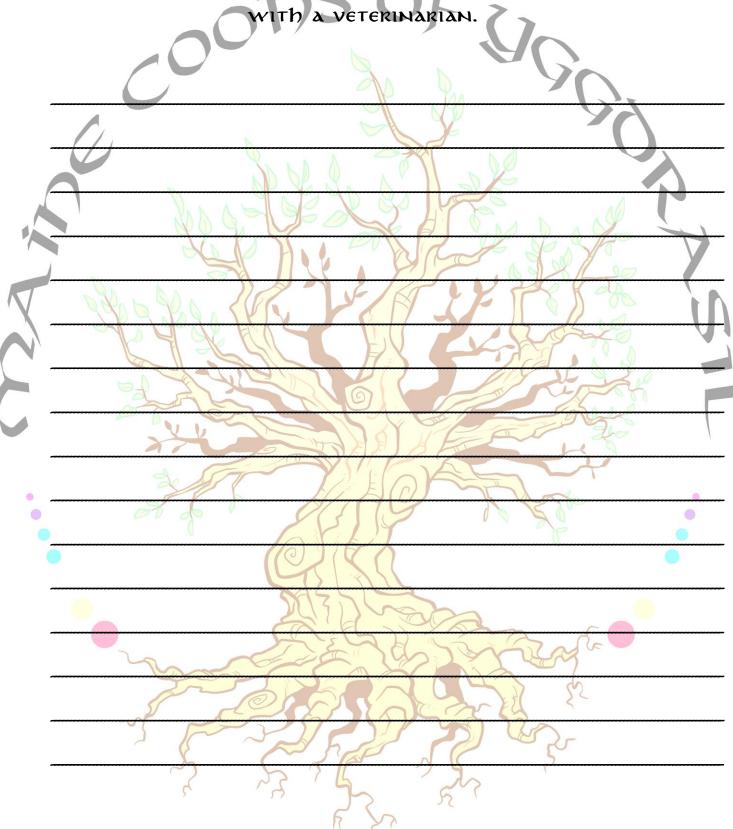
MAINE COONS OF UGGORASIL KITTEN APPLICATION

			Date		
	Name:	6	Phone:	AU	
	Address:		W	707	
	City:	State:	Zip <u>:</u>	O	
	Email:	S 6			
1.)	Have you ever owned a Maine Coon Cat?			The back of	
2.)	Do you prefer male or female?	_Color pref	erence?	JE JOSTON TO	
3.)	Do you currently have pets?	If so, what 1	pets do you	currently have?	
	A STATE AND A STATE OF THE STAT		2	1 Carolina V	
4.)	If you own a cat, is it spayed or neutered?	J.	1 will requ	ire proof.	
5.)	Do you have a preferred veterinarian?	Na	me of Vet:		
	Address:	3/3/2/	do		
•	Phone:	AC			
6.)	Are you prepared to have this cat as part o	of your famil	y for possil	oly 20+ years?	
7.)	7.) Do you understand that your kitten will need yearly health checkups, vaccinations, flea preventative, &				
	quality food, and the expenses that come v	vith owning	a pet?		
8	s.) Do you own your home?	please provi	de your La	ndlord's name and phone number to	
	verify that you have permission to have a cat at this location.				
	J 7557	250	35) Page	
	3 57		75	5	

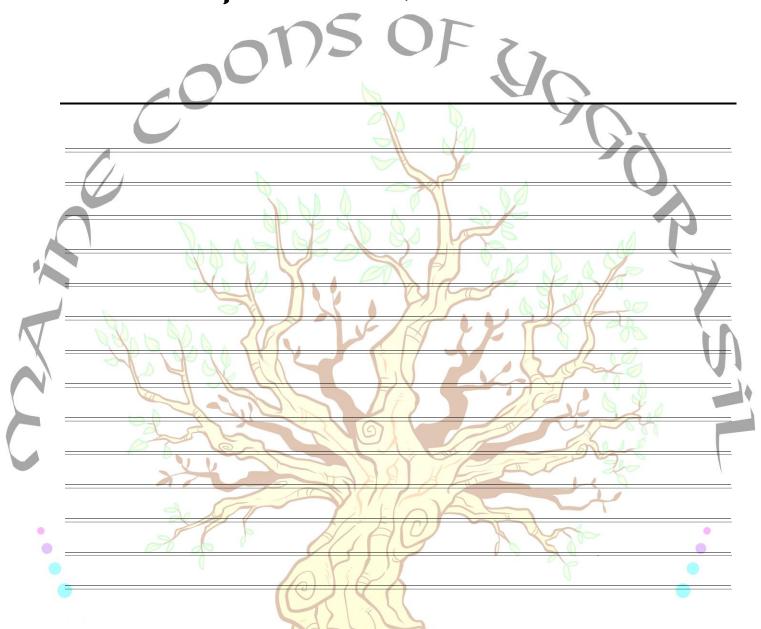
FIRST TIME PET OWNERS WITH NO VET RECORDS, PLEASE PROVIDE IN

THE RETURN EMAIL 3 PERSONAL REFERENCES.

Please use this area to add any "about Me " info and for personal references for those who have no prior pet history



PERSONAL REFERENCES



Thank you for your information, we will be in touch soon... Michele & Larry