



St. Francis Feline  
Fellowship Foundation

501(c) (3) Non- Profit Organization

## ADOPTION APPLICATION

Please email to: [mjderland@gmail.com](mailto:mjderland@gmail.com) and call **732-236-9305**.

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Name of Cat(s): Choice 1: \_\_\_\_\_ Choice 2: \_\_\_\_\_ Date: \_\_\_\_\_

The following information is requested so that we can assist you in the selection of a new pet. This form is designed to help us determine if the adoption is in the best interest of the cat and to assist you in finding an animal most compatible with your household & lifestyle.

*St. Francis Feline FF reserves the right to refuse an adoption for any reason.*

**In order to be considered as a prospective adopter you must:**

- Have identification showing your present address.
- Have the knowledge and consent of your landlord.
- Be able and willing to spend the time and money necessary to provide training, medical treatment and proper care for a pet.

**Completion of this application does not guarantee adoption.**

Name of Applicant: \_\_\_\_\_ Ph No. \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_ E-mail address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Describe the type of animal(s) you're looking for: \_\_\_\_\_

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Would this be your first pet? \_\_\_\_\_ What kind of pets have you had in the past? \_\_\_\_\_

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What are the names of the pets you still have? \_\_\_\_\_

Have they been spayed/neutered? \_\_\_\_\_

What happened to the ones you no longer have? \_\_\_\_\_

If you have pets, will he/she/they adjust to a new animal in the house? \_\_\_\_\_

Why do you want this animal? Companion:\_\_\_\_\_ Companion for other pet:\_\_\_\_\_ House pet:\_\_\_\_\_ Barn cat/Mouser:\_\_\_\_\_ Other:\_\_\_\_\_

How many adults are there in your family household?\_\_\_\_\_

How many children?\_\_\_\_\_ Children's ages:\_\_\_\_\_

Does any member of your household have any allergy to animals?\_\_\_\_\_

Is someone home during the day?\_\_\_\_\_ Who?\_\_\_\_\_

How many hours per day will the animal be left alone?\_\_\_\_\_

Which do you live in? House\_\_\_\_ Apartment\_\_\_\_ Condo\_\_\_\_ Mobile Home \_\_\_\_\_

Do you own or rent your home?\_\_\_\_\_

How long have you resided at your current address? \_\_\_\_\_

If you rent, may we contact the owner to obtain permission for this animal to live in your home?\_\_\_\_\_ Owner's Name and Phone Number: \_\_\_\_\_

Who is your veterinarian? \_\_\_\_\_

City/Town:\_\_\_\_\_ Phone Number: \_\_\_\_\_

If you go away for a few days or on vacation, who will take care of the animal?\_\_\_\_\_

If you must move, will you take the animal with you?\_\_\_\_\_

Will you keep the cat inside or outside?\_\_\_\_\_

Will you have the cat de-clawed?\_\_\_\_\_

What will you do if the cat claws the furniture or shows other destructive behavior?  
\_\_\_\_\_

Where will this animal be kept during the day?\_\_\_\_\_ Night?\_\_\_\_\_

Are you familiar with the best types of litter to use for a cat? \_\_\_\_\_

Are you familiar with the proper feeding recommendations for a cat?\_\_\_\_\_

Do you presently have a kitten or cat who has been tested for Feline Leukemia and Feline Aids?\_\_\_\_\_ Results: positive\_\_\_\_\_ negative\_\_\_\_\_

Are you willing to have a representative from *St. Francis Feline FF* come to see where the pet will be living? \_\_\_\_\_

Are you able, willing, and prepared to take responsibility for this pet for the next fifteen to twenty years? \_\_\_\_\_

Comments by applicant:\_\_\_\_\_