

Feral Feline Project

“ADOPTABLES”

PO Box 1 Wheeling, IL 60090
FERALFELINEPROJECT@GMAIL.COM

Pet Adoption Screening Application

Date: _____ Time: _____ Name of Cat Interested in Adopting: _____

Applicant Name: _____ Age: ≤ 20 21-39 40-49 50-59 60-69 70+

Address: _____ City: _____

State: _____ Zip Code: _____ Phone #: (H) _____

(CELL) _____ (Work) _____

Contact Email Address: _____

Employer: _____ Occupation: _____

TELL US ABOUT YOUR ADOPTION PREFERENCES AND HOW YOU WILL CARE FOR YOUR PET:

I wish to adopt:

____ kitten (under 6 mo.) ____ teenager (6 mo to 1 yr.)

____ young adult (1-5 yrs.) ____ older adult (6 yrs. +)

I am looking for a cat that is:

____ playful/active ____ vocal ____ quiet ____ lap cat ____ good w/kids

____ good w/dogs ____ good w/ other cats

Who will be responsible for the care of this animal?

How many hours will the kitten/cat be home alone?

____ less than 4 hours ____ 8 hours ____ more than 8 hours

Where will the cat be kept while you are away from home?

Do you have any children? _____ If yes, what are their ages? _____

Is there anyone in your family that is allergic to animals?

Will you allow your cat to go outside? Yes No

Do you plan to declaw this cat? Maybe No Yes 2 paw 4 paw

Where do you live? Apartment Condo House Townhouse

If you rent, does your lease allow you to have pets? Yes No

Name and telephone number of your landlord? _____

Will you agree to a home visit? Yes No

If you move, what will you do with the cat? _____

Have you ever adopted/owned a cat before? Yes No

Have you ever adopted from a shelter before? Yes No

If so, which one? _____

Have you ever returned a pet to a shelter? Yes No If yes, why? _____

Do you have any other pets?

How many? What kind? Declawed?

Are your current pets up-to-date on their vaccinations? Yes No

Are all of your current pets spayed or neutered? Yes No

Name of your veterinarian _____ Phone # _____

When was the last time you took your pet to the veterinarian?

About 1 -2 years 3-4 years Never

What would you do if your new cat does not get along with your current pets? _____

Cats can live 15-20 years. I will be responsible for this cats care for the next 15+ years. Yes No

Are you financially able and willing to provide annual check-ups, vaccinations, and ANY medical care necessary (Vet costs for illness can go up to \$1,000 a year)? Yes No

I affirm that all the information contained in this application is accurate and factual. This information will be used only for Feral Feline Project adoption screening purposes.

Signature: _____ date: _____