

## FELINES, INC. ADOPTION APPLICATION

In order to be considered for an adoption today you must: 1) Be 18 years of age 2) Have the knowledge and consent of all adults living in your household 3) Have a valid ID with current address 4) Have the landlord's name and phone number (or lease) and, 5) Understand that Felines, Inc. must approve your application.

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

Relation of Adopters: \_\_\_\_\_

Do you rent? Y / N Landlord's Name: \_\_\_\_\_ Landlord's Phone Number \_\_\_\_\_

Own? Y / N How long at this address? \_\_\_\_\_ Years

Previous Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_ Length of Employment: \_\_\_\_\_ Type of Job: \_\_\_\_\_

Number of people in household? \_\_\_\_\_ Relationship? \_\_\_\_\_

Number and ages of children in household? \_\_\_\_\_

Does anyone in the household have allergies to cats? \_\_\_\_\_ If so, how will you handle this situation? \_\_\_\_\_

On a daily basis, how many hours will the cat be alone? \_\_\_\_\_ Hours. If you travel away from home for more than 24 hours, how will you provide for your cat while you are away from home? \_\_\_\_\_

Would you consider adopting another cat for companionship for the first? \_\_\_\_\_

Do you have any pets now? \_\_\_\_\_ If so, please describe:

|    | Type  | Name  | Gender | Age   | Neutered? | Immunized? | Indoor/Outdoor? |
|----|-------|-------|--------|-------|-----------|------------|-----------------|
| 1. | _____ | _____ | _____  | _____ | _____     | _____      | _____           |
| 2. | _____ | _____ | _____  | _____ | _____     | _____      | _____           |
| 3. | _____ | _____ | _____  | _____ | _____     | _____      | _____           |
| 4. | _____ | _____ | _____  | _____ | _____     | _____      | _____           |
| 5. | _____ | _____ | _____  | _____ | _____     | _____      | _____           |

Have you ever surrendered an animal? Y/N When? \_\_\_\_\_ Where? \_\_\_\_\_  
Reason: \_\_\_\_\_

Have you ever had an animal taken from you legally? Y/N By Whom? \_\_\_\_\_  
When? \_\_\_\_\_ Why? \_\_\_\_\_

Have you ever adopted a cat before? Y/N When? \_\_\_\_\_ Where? \_\_\_\_\_

Why do you want a cat this time? \_\_\_\_\_

Do you plan to declaw? \_\_\_\_\_ If so, how many paws? \_\_\_\_\_

Will this be an indoor or an outdoor cat? \_\_\_\_\_ If allowed outdoors, how will the cat be supervised? \_\_\_\_\_

Do you plan to have your cat vaccinated annually? Y/N Do you have a vet now? Y / N If yes, vet's name/phone #?

If your cat should need to have expensive veterinary treatment, how would you handle the situation? \_\_\_\_\_

A cat can cost \$500.00 - \$800.00 per year, are you prepared to cover this cost? Y / N

Cats often live to be 15 years or older. Are you willing to make the lifelong commitment? Y / N

How will you discipline your cat? \_\_\_\_\_

What will you do if your cat, Urinates outside of the litter pan? \_\_\_\_\_

Keeps you awake at night? \_\_\_\_\_

It may take your new cat up to 4 weeks or longer if other pets are involved, to adjust to its new home. Are you prepared to allow it this much time to adjust? Y/N If No, why? \_\_\_\_\_

Where did you hear about Felines, Inc.? \_\_\_\_\_

Have you been to any other shelters to look for a cat? \_\_\_\_\_ If so, where? \_\_\_\_\_

Where do you prefer follow-up telephone calls to be made? Home \_\_\_\_\_ Work \_\_\_\_\_ Either \_\_\_\_\_

Personal References:

|    | Name  | Address | Telephone | Relationship |
|----|-------|---------|-----------|--------------|
| 1. | _____ | _____   | _____     | _____        |
| 2. | _____ | _____   | _____     | _____        |

By signing this adoption application, I attest that the information given is true. I realize that giving false information may result in being denied. Felines, Inc. reserves the right to deny the adoption of a cat to anyone who Felines, Inc. feels will not provide loving and responsible care for that animal. I understand that this application is the property of Felines, Inc., and I authorize investigation of all statements in this application.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Office Use Only** Approved \_\_\_\_\_ Pending \_\_\_\_\_ Denied \_\_\_\_\_ TDL Code # \_\_\_\_\_ Manager Approval \_\_\_\_\_

Id's Checked 1) Type \_\_\_\_\_ # \_\_\_\_\_ 2) Type \_\_\_\_\_ # \_\_\_\_\_

Contact Landlord Y / N Notes: \_\_\_\_\_

Adoption Counselor: \_\_\_\_\_ Receipt # \_\_\_\_\_

Cat Name: \_\_\_\_\_ MED # \_\_\_\_\_

Comments:

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