

DATE OF APPLICATION: _____



CAT ADOPTION APPLICATION

It is our policy to make certain that each person who adopts a cat is aware of the responsibilities of pet guardianship, and is capable of and willing to accept those responsibilities morally, physically and financially. Not every person who desires to adopt a cat should do so.

By completing this questionnaire, you will aid us in determining if you and your family are indeed ready for pet guardianship, and if the cat of your interest would suit you and your lifestyle. Should you agree that adopting a pet is a commitment throughout the lifetime of your companion animal, please fill out this questionnaire.

CAT OF INTEREST: _____ IDENTIFICATION # _____

PERSONAL INFORMATION

Name: _____ Date of Birth: _____

Name of spouse/partner: _____ Date of Birth: _____

ADDRESS INFORMATION

Street address _____ City _____ State _____ Zip Code _____

Home/Cell phone _____ Work phone _____ Spouse's Home/Cell phone _____

Email _____ Spouse's Email _____

Occupation _____ Employer _____ Work Schedule & Hours _____

Spouse's occupation _____ Employer _____ Work Schedule & Hours _____

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Names of all persons living in your household including ages and their relationship to you:

PERSONAL REFERENCES

Please list two personal references and their relationship to you:

Name: _____	Name: _____
Address: _____	Address: _____
Relationship: _____	Relationship: _____
Phone: _____	Phone: _____

YOUR HOME

Type of dwelling? (circle one) House • Apt • Condo • Mobile Home • Other _____

Do you: Own ___ Rent ___ Other _____

Would you allow an inspection of your home? Yes ___ No ___

If yes, what is the best time of the day to visit? _____

If you rent, what are the Property Owner's rules about pets (explain below)?

****Please Note: FPAC must receive a signed **Landlord Agreement** prior to adoption****

Landlord's name: _____ Phone: _____



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CURRENT PETS

Do you presently have a cat(s)? Yes ____ No ____ If so, how many? _____

If no, have you previously had a cat? Yes ____ No ____ (If yes, please skip to "Previous Cats")

If you have pets, other than a cat(s), please complete the following:

Number of Pet(s) _____ Breed(s)/Gender(s)/Age(s) _____

Are all Current Pets Spayed/Neutered? _____ Vaccinated? _____

Where is each pet housed (indoors/outdoors/garage, etc.) _____

If you presently have cats or had cats in the past, please complete the section(s) below. In the section, "what happened," write: gave away, sold him/her, took to the pound, abandoned, died, etc. (If the cat died, please state cause of death.)

CURRENT CAT(S)

1) Name & Breed _____ Age _____

Sex _____ Spayed/Neutered? _____ Vaccinated? _____

Kept Inside or Outside? _____ Declawed? _____ FeLV/FIV tested? _____

How long have you had the cat? _____

2) Name & Breed _____ Age _____

Sex _____ Spayed/Neutered? _____ Vaccinated? _____

Kept Inside or Outside? _____ Declawed? _____ FeLV/FIV tested? _____

How long have you had the cat? _____

3) Name & Breed _____ Age _____

Sex _____ Spayed/Neutered? _____ Vaccinated? _____

Kept Inside or Outside? _____ Declawed? _____ FeLV/FIV tested? _____

How long have you had the cat? _____

If you currently own more than 3 cats, please include information about additional cats on the back of this form

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PREVIOUS CAT(S)

1) Name & Breed _____ Age _____
 Sex _____ Spayed/Neutered? _____ Vaccinated? _____
 Kept Inside or Outside? _____ Declawed? _____ FeLV/FIV tested? _____
 What Happened? _____
 What Year? _____

2) Name & Breed _____ Age _____
 Sex _____ Spayed/Neutered? _____ Vaccinated? _____
 Kept Inside or Outside? _____ Declawed? _____ FeLV/FIV tested? _____
 What Happened? _____
 What Year? _____

3) Name & Breed _____ Age _____
 Sex _____ Spayed/Neutered? _____ Vaccinated? _____
 Kept Inside or Outside? _____ Declawed? _____ FeLV/FIV tested? _____
 What Happened? _____
 What Year? _____

Have any of your cats, current or previous, ever had kittens?

Yes ____ No ____

If Yes, you bred your cat for: Fun • Profit • Show • By Accident

Has any member of your household ever experienced animal-related allergies? Yes ____ No ____

Has any member of your household ever been accused of animal abuse or neglect? Yes ____ No ____

YOUR VETERINARIAN

Name: _____ Phone: _____

Street Address _____ City _____ State _____



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YOUR NEW CAT

Who would be responsible for the care of your newly adopted cat?

What is your primary reason for adopting a cat? _____

If Companion, whose? You • Spouse • Children • Other pet • Someone else (who?): _____

Do you plan to declaw your new cat? Yes____ No____ Maybe____

If yes, Front Paws? ____ Four Paws? ____

How many hours per day would the cat be left alone? _____

When you are at home, the cat would be: Indoors • Outdoors • other (where?) _____

Where would the cat be left when he/she is alone? Indoors • Outdoors

If outdoors: Yard • Patio • Garage • Other _____

Do you travel? Yes ___ No ___

If so, how often? _____ How long at a time? _____

When you do travel, how do you intend to provide for the cat while you are gone?

Under what circumstances would you **not** keep your newly adopted cat? (Please Circle all that apply)

Divorce • Illness in family • Moving • New baby • New job • Litterbox problem

• Allergy • Shedding too much • Cat became ill • Kids ignore the cat •

Pets didn't get along • Not obedient enough

• Other (explain) _____

If the cat has "accidents" or becomes destructive at your home, what would you do?

If the cat becomes ill or injured, are you financially prepared to provide the medical care? Yes • No

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APPLICATION & QUESTIONNAIRE INFORMATION ACKNOWLEDGEMENT

All of the information I have provided in this application is true and accurate. If any of the information provided proves to be untrue, I understand and agree that the Farmington Pet Adoption Center (FPAC) reserves the right to cancel or refuse any adoption in process.

I also understand that I am responsible for the health and well-being of any pet I choose to adopt from the Farmington Pet Adoption Center (FPAC). In the event that circumstances change that could threaten the safety or well-being of the pet I am seeking to adopt, I understand that I am to notify the Farmington Pet Adoption Center (FPAC) to discuss options for surrendering the pet without refund of original adoption fees.

Signature: _____ Date: _____

Print Name: _____

FOR FPAC USE ONLY:

Date of Review _____ FPAC Staff Reviewing Application _____

Date of Reference Checks _____ Date of Vet Check _____

Approved _____ Denied _____ If Denied, reason: _____

Date of Adoption _____