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| Finn’s Furever Feline Rescue, Inc.Adoption Application & Contractfinnsfureverfelinerescue@yahoo.com \*\*Cat adoption fees include spay/neuter, age appropriate vaccines, flea/tick treatment, de-worming and testing for FIV/FeLV.\*\*Name of cat (or cats) that you would like to adopt?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Who are you adopting this cat (or cats) for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City, State Zip |  |
| Phone |  |
| Email Address |  |
| Occupation |  |

## General Information

### Do you live in a: Are you planning to move within the next year:

|  |  |  |  |
| --- | --- | --- | --- |
|  House (own) |  House (rent) |  Yes |  No |
|  Condo |  Apartment |  Unsure |  |
|  Mobile Home |  Other |  |  |
| Landlord’s Name & Phone Number (if applicable):  |  |

## About

### Are you over 21 years old? Yes No

### Number of each in the home:

|  |  |
| --- | --- |
|  Adults  |  Teens (ages 12-18)  |
|  Children (ages 4-12) |  Toddlers (ages 2 -4) |
|  Babies (under 2 years of age) |  |
| Have the children been exposed to cats/kittens? Yes No Does anyone have allergies? Yes No |

## Reason for Adopting

Why are you looking to adopt?

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| How many hours will this cat be left alone on a daily basis?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Will this cat be kept indoors only? Yes No In an emergency, do you have funds set aside to be able to provide your cat with appropriate veterinary care?

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| --- |
|  Yes No |

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## Current Companion Animals

Please list ALL your current companion animals. If you own a dog, have they had positive interactions with cats?

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| --- |
|  |
| Are they spayed or neutered? | \_\_\_\_Yes \_\_\_\_No |
| Are they all up to date on vaccinations? |

|  |
| --- |
|  \_Yes No |

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What will you do if your new cat does not get along with your present companion animals?

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|  |

If a disciplinary or behavior problem arises, what steps will you take to work on it? (urinating in inappropriate places, clawing, biting…. etc..)

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All animals need time to transition to their new home, are you willing to work with that animal until the transition is complete? \_\_\_\_Yes \_\_\_\_No

Do you have a room where the new cat/kitten can be kept separate from other animals with a litter box and bowls until they can be introduced/acclimated to your home? Please explain:

|  |
| --- |
|  |

Do you have cat furniture such as cat trees, scratching posts…etc..? Will you make time to play with your cat?

|  |
| --- |
|  |

If you are not able to care for your new cat, who will?

|  |
| --- |
|  |

Is there anything you feel we should know when considering your application or anything you would like to tell us about yourself and/or your family?

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| --- |
|  |

**\*\*\*Please do not forget to call your vet and give permission to release your information to us.\*\*\***

## Veterinary Information

|  |  |
| --- | --- |
| Name of Vet |   |
| Name of Practice |  |
| Street Address |   |
| City ST ZIP Code |  |
| Phone |  |

## Personal References (individuals who are familiar with how you care for your current companion animals)

|  |  |
| --- | --- |
| Name |   |
| Relationship |  |
| Contact Info (cell or email) |   |

|  |  |
| --- | --- |
| Name |  |
| Relationship |  |
| Contact info (cell or email) |  |

## Your Agreement

### By signing below, I certify that the information I have provided is true, and I realize that any misrepresentation of facts may result in my losing the privilege of adopting a companion animal. I understand that my request to adopt may be denied for any circumstance or situation that could be deemed not in the best interest of the companion animal. I authorize investigation of all statements in this application. I also authorize my veterinarian to release any information that would be helpful in determining a suitable adoption.

## Your Agreement Signature

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

**\*\*\*Applications are not based on 1st come 1st served. Approved adoptions are based on the best home for that particular companion animal and/or the best companion animal for your household/lifestyle.\*\*\***

## PLEASE RETURN YOUR COMPLETED APPLICATION TO finnsfureverfelinerescue@yahoo.com