

Friends of Felines, Inc.

P.O. Box 8147, Stamford CT 06905

(203) 363-0220

<http://www.fofct.org>



Adoption Application

In order to be considered for an adoption you must: (Please check all that apply.)

- Be 21 years of age.
- Have knowledge and consent of all adults living in your household.
- Have the landlord's consent to bring a cat onto the property.
- Understand that Friends of Felines, Inc. has the right to deny your application.

Name: _____ Age: _____ Date: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Place of Employment: _____ How long? _____

Where do you live? (Check all that apply) Own home Own Condo Rented home

Rented Condo Rented apartment Live with parents Live with roommate

If renting, name and phone number of landlord:

How many adults live in your household? _____ Any frail individuals? Yes No

How many children? _____ What are their ages? _____

Do you or anyone living in your household have any known allergies to cats? Yes No

How many hours each day will the cat be left alone? _____

How much do you expect to spend on the cat in a year? _____

How will the cat be cared for when you travel away from home? _____

Why do you want to adopt a cat? _____

What kind of cat do you prefer? _____

House Cat If a house cat, will it be allowed outdoors? Yes No

Where will the cat sleep? _____

Outdoor Cat, If an outdoor cat, what kind of shelter will you provide?

Do you prefer a cat already declawed? Yes No

Do you plan to declaw your adopted cat at your own expense? Yes No

Do you prefer a cat already spayed/neutered? Yes No If not already done, will you have your adopted cat spayed/neutered at your own expense? Yes No

Have you had a pet before? Yes No If yes, what kind and how many?

If you no longer have these pets, where are they now?

If deceased, under what circumstances?

What pets do you currently have in your household? _____

Have you ever had an animal lost or stolen? Yes No

Have you ever brought an animal to an animal shelter? Yes No

Under what circumstances? _____

Describe any events that could possibly prevent you from keeping this animal for its lifetime:

What animal hospital/veterinarian do you go to now, or in the past?

_____ Phone Number: _____

Personal References: (Please list three.)

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

How did you hear about us, or this adoption event? _____

Please specify if you are interested in a particular cat or kitten: _____

Comments:

Signature: _____ Date: _____

Cats and kittens require lots of your time, love and attention. The cost of caring for a cat includes food, vaccinations, medical care, boarding and training. Please consider these requirements when adopting a new cat or kitten. Be sure you are willing to commit to a new family member who will be with you for the next 10 to 20 years.

Office Use Only:

Comments:

Approved Denied

By: _____ Date: _____