CARBON COUNTY FRIENDS OF ANIMALS

**FELINE ADOPTION APPLICATION**

Cat’s ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cat’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex\_\_\_\_\_\_\_\_\_\_\_

Cat’s ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cat’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex\_\_\_\_\_\_\_\_\_\_\_

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**PLEASE PRINT CLEARLY Approved / Denied**

 **Date:**

Applicant’s Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**HOUSEHOLD INFORMATION Approved / Denied**

What is your living situation? Own Home Parent’s Home Rent **Date:**

If you rent, are pets allowed? Yes No Provide Landlord’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*We must contact your landlord before feline is able to leave facility*.)

Describe your household environment: Quiet Average Active Noisy

List ages of family members:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does anyone in your household have asthma or allergies to felines? Yes No

What if someone in your household develops allergies to this pet?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you able to make a lifelong commitment to care for this feline? Yes No

Are you able to provide vet care, proper diet, proper shelter, and grooming for this feline? Yes No

Are you aware that some cats require a period of week, even months to adjust to their new home/environment/family/other pets? Are you willing to allow for this adjustment period? Yes No

**PET INFORMATION**

Have you ever owned a cat before? Yes No

Will this cat be allowed outdoors? Yes No

Please estimate what you think it costs to provide vet care annually for a healthy cat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you plan on declawing your cat? Yes No

Adoptions may require a home visit. May we visit your home before an adoption? Yes No

Do you know the laws of ownership such as vaccinations and licensing requirements? Yes No

Tell us how you feel about having your pet spayed or neutered.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you adopt a kitten, will you have it spayed/neutered before/at 6 months of age? Yes No

Have you ever given away or surrendered an animal to a shelter or private party? Yes No

If yes, please explain why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you giving this feline as a gift? Yes No

**REFERENCES**

Please list 2 references. One reference must not be related/reside in same household as applicant.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_

Please continue on to the next page for veterinary information.

**We hope you thoughtfully considered each of the questions asked. Adoption of a pet should not be impulsive but rather a carefully made decision which will ensure a loving and lasting relationship.**

**We require at least 48 hours to review your application for adopting a feline.**

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Veterinarian/Clinic:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Approved / Denied**

 **Date:**

May we have permission to contact them regarding your application?

 Yes (a release may be required) No

Please list pets that you have now or have had within the past 5 years:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Pet Name | Type (cat, dog, etc.) | Age | Sex | Spayed/Neutered | Kept Where | Current Status |
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Are your pets current on vaccines and vet care? Yes No I don’t know

\*Proof of current vaccinations is required.

If you have a dog, is your dog friendly around cats? Yes No I don’t know

Have you lost a cat in the past year due to death or another reason? Yes No

If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*By signing below, I am agreeing that all of the information I have provided is accurate and correct.*

*I understand that if references and veterinary checks do not correspond with the information I have provided, I will be denied adoption of a feline.*

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Revised: July 2021