



# FELINE ADOPTION APPLICATION

To ensure responsible homes and guardians for our rescued cats, we require the following:

- I.D./Age Requirement: Identification with current address and minimum age of 21
- Consent: Have the consent of ALL family members and landlord or homeowner (if applicable)
- Commitment: Be willing to make a life long commitment, possibly up to 20 years, to the care of this pet
- Application: Completion of both sides of this application with truthful and legible responses

<b>TODAY'S DATE:</b>	<b>NAME OF ANIMAL INTERESTED IN:</b>
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## APPLICANT(S) INFORMATION

1. Name of Applicant			2. Age: _____ or <input type="checkbox"/> over 21
3. Contact Information	Daytime Phone:	Evening Phone:	
4. Address	Street:	City & State & Zip:	
5. E-mail address	(print email address neatly):		
6. Who else lives in this home?  <i>Please include all adults and all children (including children that live in the home part time or visit on a regular basis)</i>	Name:	Age: ___ or <input type="checkbox"/> over 21	Has this person AGREED to adopting this pet? <input type="checkbox"/> yes <input type="checkbox"/> no
	Name:	Age: ___ or <input type="checkbox"/> over 21	Has this person AGREED to adopting this pet? <input type="checkbox"/> yes <input type="checkbox"/> no
	Name:	Age: ___ or <input type="checkbox"/> over 21	Has this person AGREED to adopting this pet? <input type="checkbox"/> yes <input type="checkbox"/> no
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	Name:	Age: ___ or <input type="checkbox"/> over 21	Has this person AGREED to adopting this pet? <input type="checkbox"/> yes <input type="checkbox"/> no
7. Employer	Enter Company Name Here:		
8. Living Arrangement	<input type="checkbox"/> own home (skip #9)	<input type="checkbox"/> rent home/apt.	<input type="checkbox"/> live with relatives
9. Homeowner or Landlord information	Name of homeowner/landlord: _____ Phone number of homeowner/landlord: (_____) _____		
10. May a volunteer visit your home by appointment?	<input type="checkbox"/> yes, a volunteer is welcome to visit my home by appointment		<input type="checkbox"/> no, a volunteer may not visit my home because: _____

## PREVIOUS PET EXPERIENCE AND GUARDIANSHIP

11. Have you owned a pet before?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> lived with pets that were officially under the care of parents/roommate/partner
12. Do you have a veterinarian?	<input type="checkbox"/> yes (include vet info below)		<input type="checkbox"/> no (skip #13 and #14)
13. Veterinarian info:	Name of Vet Office or Vet:	<b>PHONE NUMBER OF VET:</b>	
14. May we contact your vet to obtain your pet(s) record(s)?	<input type="checkbox"/> yes, you may obtain my pet(s) record(s)		<input type="checkbox"/> no

## 15. Enter information regarding your CURRENT pets here:

Pet Name	Age	Pet Type	Is this pet Spayed/Neutered?	Are vaccines up to date? If NO, state reason.
		<input type="checkbox"/> cat <input type="checkbox"/> dog <input type="checkbox"/> other	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no, reason: _____
		<input type="checkbox"/> cat <input type="checkbox"/> dog <input type="checkbox"/> other	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no, reason: _____
		<input type="checkbox"/> cat <input type="checkbox"/> dog <input type="checkbox"/> other	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no, reason: _____
		<input type="checkbox"/> cat <input type="checkbox"/> dog <input type="checkbox"/> other	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no, reason: _____

## 16. Enter information regarding your PREVIOUS pets here:

Pet Name	Age	Pet Type	What happened to this pet? (be specific) If deceased, what happened?
		<input type="checkbox"/> cat <input type="checkbox"/> dog <input type="checkbox"/> other	<input type="checkbox"/> gave away <input type="checkbox"/> brought to shelter <input type="checkbox"/> other: _____
		<input type="checkbox"/> cat <input type="checkbox"/> dog <input type="checkbox"/> other	<input type="checkbox"/> gave away <input type="checkbox"/> brought to shelter <input type="checkbox"/> other: _____
		<input type="checkbox"/> cat <input type="checkbox"/> dog <input type="checkbox"/> other	<input type="checkbox"/> gave away <input type="checkbox"/> brought to shelter <input type="checkbox"/> other: _____

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GENERAL QUESTIONS – please print your answers neatly and to the best of your knowledge																
17. Why do you wish to adopt this pet?																
18. Why are you drawn to this particular homeless pet?																
19. Can you provide a PERMANENT and stable home for this pet for the next <b>15 to 20 years</b> ?	<input type="checkbox"/> yes <input type="checkbox"/> no															
20. What will you do with your pet when you go on vacation?																
21. Many pets become homeless as the result of the tragic loss of their guardian. What arrangements will be made to ensure that your pet will be cared for in the event of *your* death?																
22. How much do you estimate the ANNUAL cost be to care for this pet? (including vet exams, medication, vaccinations , food)																
23. If your life circumstances change (marriage, new baby, change jobs, dating, moving) what will you do with this pet?																
24. Who will be primarily responsible for this pet’s daily care?																
25. Where will this pet sleep?																
26. What brand/type of food will you feed this pet?																
27. Do you plan on declawing this cat?	<input type="checkbox"/> yes <input type="checkbox"/> no															
28. Does anyone in your household have allergies to animals?	<input type="checkbox"/> yes <input type="checkbox"/> no															
29. If your cat does NOT use the litterbox, what would you do?																
30. How often should a cat go to the vet for a wellness exam?																
31. How will you introduce THIS pet to your current pet(s)?																
32. What kind of flea treatment will you use if necessary?																
<b>For questions #31 and #32, check all that apply...</b>																
33. What circumstances do you feel justify giving up a pet?  Check all boxes that apply.	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> moving</td> <td style="width: 33%;"><input type="checkbox"/> jumps on counters</td> <td style="width: 33%;"><input type="checkbox"/> child lost interest</td> </tr> <tr> <td><input type="checkbox"/> new baby</td> <td><input type="checkbox"/> scratches furniture</td> <td><input type="checkbox"/> new partner does not like pets</td> </tr> <tr> <td><input type="checkbox"/> marriage</td> <td><input type="checkbox"/> divorce</td> <td><input type="checkbox"/> urinated on mattress</td> </tr> <tr> <td><input type="checkbox"/> new job or lost job</td> <td><input type="checkbox"/> vet bills too high</td> <td><input type="checkbox"/> adopted a puppy</td> </tr> <tr> <td><input type="checkbox"/> allergies</td> <td><input type="checkbox"/> bites child</td> <td></td> </tr> </table>	<input type="checkbox"/> moving	<input type="checkbox"/> jumps on counters	<input type="checkbox"/> child lost interest	<input type="checkbox"/> new baby	<input type="checkbox"/> scratches furniture	<input type="checkbox"/> new partner does not like pets	<input type="checkbox"/> marriage	<input type="checkbox"/> divorce	<input type="checkbox"/> urinated on mattress	<input type="checkbox"/> new job or lost job	<input type="checkbox"/> vet bills too high	<input type="checkbox"/> adopted a puppy	<input type="checkbox"/> allergies	<input type="checkbox"/> bites child	
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34. Where will this pet spend his time? Again, check all boxes that apply.	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> loose outdoors</td> <td style="width: 33%;"><input type="checkbox"/> fenced yard</td> <td style="width: 33%;"><input type="checkbox"/> crate (indoors)</td> </tr> <tr> <td><input type="checkbox"/> garage</td> <td><input type="checkbox"/> basement</td> <td><input type="checkbox"/> inside our home</td> </tr> </table>	<input type="checkbox"/> loose outdoors	<input type="checkbox"/> fenced yard	<input type="checkbox"/> crate (indoors)	<input type="checkbox"/> garage	<input type="checkbox"/> basement	<input type="checkbox"/> inside our home									
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<b>PERSONAL REFERENCES</b>																
<b>List THREE references. Provide one person who is related to you. The other two can be neighbors/friends/coworkers.</b>																
NAME: (a relative not living with you)	Telephone Number:															
NAME: (not a relative)	Telephone Number:															
NAME: (not a relative)	Telephone Number:															
<b>SIGNATURE of APPLICANT</b>																
By submission of this application you are indicating that all the information you provided is true and complete.																
Signature:	Date:															

**Furrever Friends reserves the right, in our sole discretion, to refuse any applicant for any reason whatsoever.** Your application may take up to 5 days to process by our volunteers. Note that all pets are spayed/neutered, vaccinated, FIV/FELV tested, flea treated and wormed prior to adoption at our cost. A new adopter is expected to take their new pet to the vet for a wellness exam within 10 days of adoption. Furrever Friends is a non-profit 501c3 organization that operates on DONATIONS and an adoption fee is required so we can continue to help more animals.

**FFRV, P.O. Box 141, Woodbury, NJ 08096, 856-845-8554**