

# THE FELINE RESCUE ASSOCIATION



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## Application for Adoption

Adopting a cat or kitten requires a significant commitment: daily food and water, a clean litter box, veterinary care, as well as your personal time and energy. Providing proper care for one healthy cat can cost hundreds of dollars a year. If you are not prepared to provide this, you should probably not adopt a companion animal. **If you are interested in having a cat but can't afford it, please ask us about permanently fostering a special needs animal!**

**THE ADOPTION FEES ARE AS FOLLOWS: \$100 PER CAT, \$150 FOR A PAIR** -- this helps FRA pay the veterinary bills and rescue more needy cats – the cats we place have all been spayed or neutered, tested negative for Feline Leukemia, vaccinated, microchipped, and treated for parasites.

**A CAT CAN LIVE 15 – 20 YEARS OR MORE.  
ARE YOU READY FOR THE COMMITMENT?**

**Cat(s) you're interested in:** \_\_\_\_\_

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Names of each adult in your home: \_\_\_\_\_

\_\_\_\_\_

Are there children in your house under the age of 10?      **Yes**  **No**

Under the age of 3?      **Yes**  **No**

Why do you want a cat?

Family Cat  Companion for you  Gift  Breeding

Playmate for other companion animal  Companion for another family member

Other  \_\_\_\_\_

Who will be the cat's primary caretaker? \_\_\_\_\_

Do you live in an: **Apartment**  **House**  **Condo**   
Do you : **Rent?**  **Own ?**

Landlord's Name: \_\_\_\_\_

Landlord's Phone Number: \_\_\_\_\_

Are cats allowed where you live? **Yes**  **No**  **Unknown**

Would your cat go with you if you move? **Yes**  **No**  **Unknown**

Other animals currently living in household:

<u>Name</u>	<u>Type</u>	<u>Age</u>	<u>Altered</u>	<u>Time in your care</u>
_____	_____	_____	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	_____
_____	_____	_____	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	_____
_____	_____	_____	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	_____
_____	_____	_____	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	_____

Are your companion animals current on their vaccinations? **Yes**  **No**

Have your cats been tested for Feline Leukemia Virus? **Yes**  **No**

Have you had companion animals who are no longer with you? Please list them and explain the reason for the separation and their current location.

<u>Name</u>	<u>Type</u>	<u>Age</u>	<u>Altered</u>	<u>Reason no longer with you</u>
_____	_____	_____	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	_____
_____	_____	_____	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	_____
_____	_____	_____	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	_____
_____	_____	_____	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	_____

If you have ever lost a companion at an early age or due to an accident or illness, please provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had a cat declawed (amputation of toes)? **Yes**  **No**

Do you want to declaw your new cat? **Yes**  **No**  **Unknown**

Who is your veterinarian? \_\_\_\_\_

Vet's phone number: \_\_\_\_\_

Pets who this vet has seen: \_\_\_\_\_

**Note: If you do not currently have a veterinarian, please list any past vets you have used.**

Are you financially able and willing to provide annual checkups, vaccinations, and ANY medical care necessary? **Yes**  **No**

How much do you anticipate a cat (food, medical care, et cetera) will cost a year? \$\_\_\_\_\_

Do you have a way to cover vet expenses in case of an emergency situation (ie: a credit card)? **Yes**  **No**

Will you let the cat outside? **Yes**  **No**  **Unknown**

If yes:           attended  unattended  collar & tags?

Do you have a fenced-in yard? **Yes**  **No**

**Please contact us for information on creating a cat-safe fence!**

If your cat gets lost, in addition to contacting FRA, what steps would you take?

\_\_\_\_\_

How long are you willing to allow the new cat to adjust to her new home? \_\_\_\_\_

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

Who will you have care for your cat if you go away? \_\_\_\_\_

Have you or anyone in your household ever been convicted of animal abuse or neglect, or do you have any such charges currently pending against you? **Yes**  **No**

Please understand that if you ever need to give up this cat for any reason, you should contact *Feline Rescue Association* **first**—we do not euthanize healthy cats. Others may euthanize.

By signing this form, I/we acknowledge that all information on this form is true and correct. I/we understand that any misrepresentation of fact may result in *Feline Rescue Association* refusing adoption privileges to me/us. If my/our request for adoption is approved and later FRA discovers the above information is not true or correct, *Feline Rescue Association* reserves the right to remove the adopted cat from my home. *Feline Rescue Association* has permission to visit the cat(s) at my house periodically.

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