

The Feline Rescue Association Adoption Application

Please complete all questions to the best of your ability. We want to ensure the best matches for our cats as well as for your family. Failing to answer questions may disqualify your application.

If you are *not* completing this at an adoption event, please fax it to us at **631-822-2134** if possible, or leave it in the clear box on top of the cabinet. You can also complete an application online at www.baltimorecats.org. Electronically-submitted or faxed applications get quicker responses.

Cat(s) you're interested in: _____

Your time frame for adoption: _____

Your name: _____ **Date of Birth:** _____

Address: _____ **Apt:** _____

City, State Zip: _____

Home #: _____ **Work #:** _____ **Cell #:** _____

Email address: _____

Best way to reach you: Home Work Cell Email

Which best describes your home environment? Quiet Average Party house

Names and ages of other members of your household: _____

Are you or your spouse active in the military? Yes No

If yes, is there any chance of deployment or relocation? Yes No

Why do you want a cat? Family Cat Companion for me Breeding purposes

For a family member under 18 For my spouse or live-in relative

Gift or Surprise for someone not in my household Playmate for current cat

Playmate for other animal Other Explain: _____

Have you ever been personally responsible for a cat before? Yes No

Who will be the cat's primary caretaker? _____

Is any member of your household allergic to cats? Yes No Don't know

Do you live in an: Apartment House Condo Other

Do you: Rent Own Not owner or leaseholder

Are cats allowed where you live? Yes No Unknown

If you rent, are you charged a fee to have a cat? Yes No Unknown

What will happen to your cat if you move? _____

Please list all other cats or dogs currently living in household:

<u>Name</u>	<u>Species</u>	<u>Age</u>	<u>Spayed/Neutered?</u>	<u>How long have you had them</u>
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

If you have cats or dogs...

Are your companion animals current on their vaccinations? Yes No

CAT OWNERS: When were your cats tested for the Feline Leukemia Virus? _____

If you have any cats or dogs who are not altered (spayed or neutered) and/or up to date on vaccines please explain why not: _____

Please tell us about the animals in your past including what became of them and how long they lived: _____

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

What and how often will you feed your cat? _____

Where will the cat spend its time? Where will s/he sleep?

What places will be off limits?

How do you feel about declawing (amputation of toes)? _____

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

How much do you think you will spend on supplies and vet care each year? \$ _____

Do you have a way to cover vet expenses in an emergency situation? Yes No
Explain: _____

Your most recent or current veterinarian:

Vet or Practice Name: _____
Phone number: _____
Pets this vet has seen: _____

How often do you anticipate bringing your cat to the vet? _____

Please describe your neighborhood: _____

Will you let the cat outside? Yes No Depends on the cat

If your cat gets lost what steps would you take to find her? Please don't say "wouldn't happen" because *even with indoor cats it does happen!* _____

Have you ever lost a pet in the past? If so, what did you do? _____

Have you ever given up or would you consider giving up a pet for any of the following reasons?

- | | |
|--|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Allergies: Life-threatening only |
| <input type="checkbox"/> Litter box misuse | <input type="checkbox"/> Aggression |
| <input type="checkbox"/> Destructive Behavior | <input type="checkbox"/> Conflicts with Significant Other |
| <input type="checkbox"/> New baby | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Marriage or Divorce | <input type="checkbox"/> Illness or death in family |
| <input type="checkbox"/> Health issues | <input type="checkbox"/> Too expensive |
| <input type="checkbox"/> Moving | <input type="checkbox"/> Got too big |
| <input type="checkbox"/> Excessive Shedding | <input type="checkbox"/> Child lost interest |
| <input type="checkbox"/> Just didn't want them anymore | <input type="checkbox"/> Too much responsibility |
| <input type="checkbox"/> Didn't have enough time | <input type="checkbox"/> Conflicts with new pet |
| <input type="checkbox"/> Doesn't like to be held | <input type="checkbox"/> Other |
| <input type="checkbox"/> None of the above | |

If you have ever given up or returned a pet for any reason, please explain: _____

How long are you willing to allow the new cat to adjust? _____

How will you introduce new pets to current ones and what will you do if they do not get along? _____

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

If you are an older person or a person with declining health, **please describe what provisions you have made for your companion animals in the event that you are no longer able to care for them:** _____

How did you find us? Craigslist Ad Pennysaver Ad Browsing the Internet
 Business Card or Flyer Saw cats at Petco Word of Mouth Other

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

Do you have any adoption applications pending with other groups? Yes No

Are you aware of our adoption fee and procedures? Yes No

Here's where you get to say whatever you want: _____

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.

Signature: _____ Date _____