



**FELINE FRIENDS INC.**  
P.O. Box 174  
Feeding Hills, MA 01030-2133  
(413) 786-5019  
info@felinefriendsinc.org  
www.felinefriendsinc.org

## *Cat and Kitten Adoption Application*

*Feline Friends, Inc. is a non-profit, no kill organization dedicated to placing homeless cats and kittens into safe and loving homes for their lifetime; we are not a pet store. To enable us to fulfill this goal, we ask that you provide us with information regarding their potential home. Your answers may be our assurance that Feline Friend's cats and kittens will live in good, permanent homes. Please do not try to anticipate what sort of answers are "correct" since some questions may have more than one answer. Some questions are asked purely to give us a profile of our adopters. All information is kept strictly confidential. Thank you!*

Name(s) of Adopter(s) \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Ext \_\_\_\_\_

Best time(s) to reach you by phone: \_\_\_\_\_

Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

STREET

CITY

STATE

ZIP

Own

Rent →

Can you provide written proof that you are allowed to own pets? \_\_\_\_\_

Landlord's name: \_\_\_\_\_

Landlord's phone number: \_\_\_\_\_

Number of adults at this address: \_\_\_\_\_ Age(s) of adult occupant(s): \_\_\_\_\_

Number of minors at this address: \_\_\_\_\_ Age(s) of minor(s), if any: \_\_\_\_\_

Describe your household: (ie, quiet, busy, grand central station, etc) \_\_\_\_\_

Is anyone in your home allergic to cats?  No  Yes

Your Occupation(s): \_\_\_\_\_

How many hours a day would your cat/kitten be alone? \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

Relation to you \_\_\_\_\_

Do you have any pets now?  No  Yes →

Specie(s)/Age(s)/Breed(s): \_\_\_\_\_

Are they Spayed/Neutered?  No  Yes      Are they declawed?  No  Yes

Do your cats go outside?  No  Yes →      If so, are they supervised?  No  Yes →

If yes, how are they supervised? \_\_\_\_\_

Have you had any pets in the past?  No  Yes →

How many? What kind? \_\_\_\_\_

What happened to these pets? \_\_\_\_\_

\_\_\_\_\_

Who is/was your veterinarian? \_\_\_\_\_

This is my:  Current Vet     Vet used in the past     Vet I've never used, but hope to for future pets

If moving is necessary, are you willing to find housing that accepts cats?  No  Yes

Will your cat remain indoors at all times?  No  Yes

Would you plan to have your cat declawed?  No  Yes

Would you plan to have your cat spayed or neutered if it is not already?  No  Yes

Are you willing to take your cat regularly for rabies vaccination?  No  Yes

Do you think your cat should have a yearly physical exam?  No  Yes

Do you believe that you can provide a good home for your cat for the duration of its lifetime, which could be 15 years or more?  No  Yes

If your cat or kitten should become ill, do you feel you could afford a bill for professional veterinary service, within reason?  No  Yes

What type of food would you feed your cat, and how often? \_\_\_\_\_

\_\_\_\_\_

Describe your ideal cat: \_\_\_\_\_

Cat(s) of ours you are interested in: \_\_\_\_\_

***Thank you!***