

ADOPTION APPLICATION



Date: _____ Driver's License # _____

How did you hear about us? _____

The information required on this application will help us match the cat/kitten that is best for you and your family.

Requirements to adopt a cat/kitten are:

- You must be at least 21 years of age
- Have identification showing your present address
- Have knowledge and consent of your landlord and provide proof of same.
- Be able and willing to spend the time and money necessary to provide proper care for a cat, including veterinary care when needed
- Reside in Colorado

Name: _____

Address: _____

City/State/Zip: _____

Are you planning on moving within the next six months? ___ Yes ___ No

Home phone: _____ Work phone: _____

Cell phone: _____ E-mail address: _____

INFORMATION ABOUT YOUR FAMILY:

How long have you been at this address? _____

House type: ___ Single family home ___ Townhome/condo ___ Apartment ___ Other

Do you...? ___ Own ___ Rent *(If you rent, please provide your landlord's name & phone number below)*

Name: _____ Phone: _____

How many people live in the home? ___ Adult ___ Children – Ages: _____

Do you consider your home: ___ Active ___ Quiet ___ In between?

Are you adopting this cat/kitten for yourself? ___ Yes ___ No If no, whom is the cat/kitten for? _____

Does anyone in your home have allergies to cats? ___ Yes ___ No

Please provide the following information for your current veterinarian:

Name: _____ Phone: _____

Address: _____

Please provide three references:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

INFORMATION ABOUT YOUR PETS:

Are you prepared to care for this cat/kitten for the next 10-20 years? ___ Yes ___ No

How many hours will the cat/kitten be alone during the day? _____

Where will the cat/kitten sleep? _____ Eat? _____

This cat/kitten will live: ___Indoors ___Outdoors ___Both

If you let your cat outdoors, how will it be attended? _____

Where will the litter box be kept? _____
(We recommend you have at least one litter box per cat and scoop the boxes twice daily).

Will you declaw the cat/kitten? ___Yes ___ No

What pets are currently in your home?

	Type	Age	Sex	Altered?	How long have you had this pet?
1.	_____				
2.	_____				
3.	_____				
4.	_____				

What pets have you had in the past five years?

	Type	Age	Sex	Altered?	What happened to this pet/when?
1	_____				
2	_____				
3	_____				
4	_____				
5	_____				

Please read the following and sign the acknowledgement below:

- This application is used in the adoption approval process to determine the best home for each cat or kitten. We reserve the right to approve or deny an adoption application.
- FFR volunteer will conduct a follow-up call/visit to ensure that the cat and the family are adjusting well to each other.
- If for any reason this cat/kitten cannot be retained by the adopter for its entire life, the cat/kitten will be returned to the adopting agency.
- I agree to the requirements on the first page of this application.
- I have read and understand the conditions of the adoption application.

Signature: _____ Date: _____

Approved by: _____