

PURRFECT FELINE FRIENDS -Cat Adoption Application

Name _____ Street Address _____
City _____ State _____ Zip _____ How long at current address? _____
Telephone #: Home _____ Employer- _____ Work#- _____ Cell#- _____

Who referred you to Purrfect Feline Friends? _____ Email Address _____

Name of cat _____ or type of cat you are looking for (PLEASE CHECK ALL THAT APPLY):

Age: Baby kitten Under 1 year Adult cat Senior cat
Sex: Male Female Don't care
Type: Inside cat Outside cat Both inside and outside
Color/Breed: Specific color/breed _____ Declawed? _____ Don't care
Cat who gets along with: Other cats Dogs Toddlers Children

What other cats/dogs have you previously owned? What happened to them? Spayed/neutered?
Name _____ Type _____ Age _____ Yes No
Name _____ Type _____ Age _____ Yes No

What types of animals now live in your home? Spayed/neutered? Declawed? Go outside?
Name _____ Type _____ Age _____ Yes No Yes No Yes No
Name _____ Type _____ Age _____ Yes No Yes No Yes No

Have you ever surrendered a pet? _____ If so, please explain: _____

Number and ages of children living in household _____

What member of the family will be taking the MAJOR responsibility of caring for this pet? _____

When you go on vacation, where will your cat go and who will take care of _____

Would you allow a "Purrfect Feline Friends" Rep. inspect your home/ visit _____

If you move, what will you do with your cat? _____

What type of housing will the cat live in? (PLEASE CHECK ALL THAT APPLY)
 Apartment Condo Townhouse Single-Family House Two-Family House

What is your current housing situation: Rent Own Live with parents Other _____

NonSmoking or Smoking Home? _____

If you rent, do you have permission from your landlord to have a cat? Yes No Not sure

Landlord's Name _____ Phone _____

What are your plans for your new cat:?

De-claw? Let your cat in the backyard Let your cat on the porch
 Walk your cat on a leash Let your cat outside during day Let your cat outside at night

Please list your vet

Vet's Name _____ Phone _____

List 2 Personal references(other than family) Name _____ Phone# _____
Name _____ Phone# _____

Should your cat become ill and require costly medical services, will you be able to allocate sufficient resources for healthcare to preserve his/her life? Yes No Not sure

I PROMISE THAT ALL THE ABOVE STATEMENTS ARE TRUE AND I GIVE PERMISSION TO VERIFY ALL INFORMATION GIVEN _____ (Signed)

WE RESERVE THE RIGHT TO REFUSE ANY APPLICANT