



CAT ADOPTION APPLICATION

Friends Forever Animal Rescue (FFAR)
friendsforeveranimalrescue@gmail.com

NAME OF CAT: _____

PERSONAL INFORMATION				
Name of Applicant:		DOB:		
Street Address:				
City, State, Zip:				
Driver's License:		State:		
E-mail:				
Best Contact Phone:		<input type="checkbox"/> home / landline	<input type="checkbox"/> mobile	<input type="checkbox"/> work
Spouse / Partner Name (if applicable):				
Children in home: <input type="checkbox"/> Yes <input type="checkbox"/> No Ages:				
Other persons living in home: name, age, relationship				
LIVING ARRANGEMENTS				
How long at this address: If less than 2 years, provide previous address:				
<input type="checkbox"/> Own Home <input type="checkbox"/> Rent Home <input type="checkbox"/> Rent Apartment or Condo/Townhome <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other:				
If renting, did you receive permission from the landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Landlord's name & phone:				
We will contact the Landlord. Describe any limitations or timing of our contact.				
Do you have a fenced-in yard or patio: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Type of fence (material of construction, height, etc.):				
Are there any slats/openings that could allow a cat to get in/out: <input type="checkbox"/> Yes <input type="checkbox"/> No				
EXISTING ANIMALS IN HOME				
Please list all animals living with you: <input type="checkbox"/> None				
Name:	Age:	Breed:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Altered <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Age:	Breed:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Altered <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Age:	Breed:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Altered <input type="checkbox"/> Yes <input type="checkbox"/> No
Veterinarian Name and Phone:				



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Hours per day that pet will be left alone:

less than 4 hours 4-8 hours 8-10 hours more than 10 hours

While left alone, pet will be:

individual kennel in a restricted area of home free to roamhouse
 other (please explain):

Where will pet sleep at night:

Describe your previous pet experiences (e.g., breed, time owned):

What happens if pet develops a behavior problem?

If you experience a life change (move, divorce, new baby), how will this affect the adopted pet?

Does anyone in the home have pet allergies? Yes No If yes, please describe.

Has anyone in the home been convicted of animal cruelty, neglect, or abandonment? Yes No
If yes, please describe. Convicted of a felony? Yes No

Have you ever had to give up a pet? Yes No If yes, please describe.



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APPLICANT CERTIFICATION

I, (name of applicant) _____ certify that all information provided on this application is true. I give permission to FFAR to verify information as needed. Any false statement will terminate potential adoption. I understand that a home check may be mandatory before adopting a pet. **Adoptions are conducted in accordance with the Adoption Process & Policies found on our website: www.friendsfureveranimalrescue.com**

I also agree to sign and abide with the terms of the Adoptive Parents Contract when the adoption is final.