**Forgotten Felines of Culpeper**

**Lynn DeFazio**

**ADOPTION APPLICATION QUESTIONNAIRE**

|  |  |  |
| --- | --- | --- |
| Name of cat you are interested in adopting? | | |
| Name: Age: | | Driver’s License#: |
| Street Address/Apt #: | | |
| City/ State/Zip: | | Years at this address: |
| Home Phone: | Cell Phone: | |
| Employer/Phone: | | |
| Email: *(please write legibly)* | | |

|  |
| --- |
| Does anyone in your household suffer from allergies (pet or otherwise)? |
| Is everyone in your household aware of and agreed upon adopting a pet? |
| Who will care for your pet while you are traveling? |
| For how many hours per day will your pet be left alone? |
| Do you own or rent your home? |
| If you rent, do you have your landlord’s written permission to keep a cat in your residence?  Please give name and phone number of landlord. |
| What is the activity level in your home? Low, Medium, High |
| How many adults live in your household? |
| How many children? What are their ages? |
| Will this cat be kept (circle one) - Indoors Outdoors Indoor/Outdoor |
| Why do you want to adopt this cat? |
| What brand of cat food will you feed the cat? |
| Who will be responsible for feeding the cat? |
| Who will be responsible for cleaning the litter box? |
| Have you ever declawed a cat? |
| Where will you keep your cat? |

For what reason(s) would you give up the cat?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Moving |  | Scratching |  | Hiding |  |
| Allergies |  | Spraying |  | Litter Box Problems |  |
| Illness |  | Too active |  | Destructive behavior |  |
| Biting |  | Compatibility with other Pets |  | Pregnancy/New Baby |  |

Please list the animals that have shared your home in the last five years

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| NAME | BREED | SEX | AGE | IN/OUT DOOR | DECLAWED | STILL WITH YOU | IF NOT WHY |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |
| --- |
| Veterinary contact for animals listed above: Name/Phone: |
| Do we have your permission to contact your vet for a reference? Yes No |
| How much do you think it costs per year to own a cat? |
| What will you do if the cost exceeds this amount? |
| Are you willing to spend the money to provide routine and emergency vet care for your pet? |
| Do you know that the average cat lives 15 to 20 years? |
| Have you ever adopted an animal? From where? |
| Have you ever surrendered an animal to a shelter or rescue group? If so, why? |
| Have you ever been cited or convicted of a crime relating to animal cruelty, or do you have a charge pending?  Yes No |

REFERENCES:

Please list 2-3 personal references that can tell us why you would be a great pet owner.

Name Relationship Phone Number

1.

2.

3.

**NOTE**

We do not guarantee the health of any animals offered for adoption. Whenever you adopt an animal, you should take it to a licensed veterinarian as soon as possible. To the best of our knowledge, your cat is healthy, but will need to be started immediately on a program of preventative veterinary care. Please be aware that the pets available for adoption are rescue animals and, as such, have often been exposed to a variety of diseases. Like human illnesses, these disorders can have an incubation period of up to several weeks, or even longer. If the cat you adopt shows signs of illness at any point, you must take it promptly to your veterinarian for treatment at your expense.

By signing this application, I acknowledge that I have answered all questions truthfully. Failure to provide truthful answers can result in the forfeiture of your adopted pet to Forgotten Felines of Culpeper.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_