



333 NW 85<sup>th</sup> St  
PMB 147  
Seattle, WA 98117

## Adoption Application

Interested in \_\_\_\_\_  
Date \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Email Address \_\_\_\_\_ Age \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Reference \_\_\_\_\_ Phone number \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_  
Kitty desired? (circle one or both) CAT KITTEN Age \_\_\_\_\_ Sex \_\_\_\_\_  
Traits \_\_\_\_\_

1. Why would you like to adopt a kitty?  
\_\_\_\_\_  
\_\_\_\_\_
2. Have you ever adopted an animal from a shelter? \_\_\_\_\_ If yes, when? \_\_\_\_\_  
Which shelter? \_\_\_\_\_ Dog Cat Other \_\_\_\_\_
3. Do you live in APARTMENT DUPLEX HOUSE OTHER
4. Do you OWN RENT LEASE Any Restrictions?
5. Are you planning to move within the next 6 months? \_\_\_\_\_
6. Please list all members of your household:  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_
7. Any smokers? \_\_\_\_\_
8. Are there any major changes planned in your household in the next year?  
\_\_\_\_\_  
\_\_\_\_\_
9. Who will be primarily responsible for this pet? \_\_\_\_\_
10. Are there any children not listed who visit frequently? NO YES Ages \_\_\_\_\_
11. Any members of your household have allergies to cats? YES NO
12. What behaviors would you consider to be a problem and how would you handle them?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. What will happen to this pet when you go on vacation or have an emergency?

14. Do you have a regular veterinarian? YES NO Clinic \_\_\_\_\_

15. Pet ownership history. Please list all your pet, current and past.

Type	Age	Sex	Altered?	How long owned?	If no, why?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

16. How many hours average will your pet spend alone? \_\_\_\_\_

17. Will this cat be outdoors unattended? YES NO

18. Do you plan for the cat to use LITTERBOX OUTDOORS BOTH

19. Have you owned a declawed cat in the past? YES NO

20. Are you planning on declawing this cat? YES NO MAYBE

21. What is your opinion of spaying/ neutering?

I certify that the above is true, and understand that false information may nullify this adoption. I understand that this application remains the property of Feral Care.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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Feral Care use only:

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_ Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Result MATCH NO MATCH CONCERNS \_\_\_\_\_

Hold for \_\_\_\_\_ until \_\_\_\_\_

Interested in \_\_\_\_\_

Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_