OFFICE USE ONLY
File No. _____
Date _____
Staff _____

FELINE ADOPTION REQUEST FORM

Date: _____

Legal Name of Applicant: _____

Legal Name of Spouse/Partner (if applicable): _____

Email Address: _____ Email Address of Spouse/Partner: _____

Date of Birth (MM-DD-YYYY): _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Is this where your new cat will live? □ Yes □ No

How long have you lived at this address? _____

If less than 2 years, previous address: _____

Phone (Cell): _____ Phone (Home or Work): _____

Spouse/Partner's Phone: _____ Best time to call: _____

Number of adults in household: _____ Number of children: _____ Ages: _____

Are all adults in the home aware of and in agreement with adopting a cat? □ Yes □ No

Are any household members or regular visitors allergic to cats? □ Yes □ No

Who will be responsible for the cat's daily care? _____

Do you: □ Own your home □ Rent your home □ Live with parents or relatives

If you rent, are pets allowed and do you have permission? □ Yes □ No

Landlord's (or parents') Name & Phone: _____

Are you currently: □ Employed □ A Student □ Retired □ Other: _____

Have you had a cat before? □ Yes □ No

Why would you like to adopt a cat at this time?

_____

Would you consider adopting a cat over one year old? □ Yes □ No

All Last Chance cats are strictly indoor pets.

Do you understand and agree to keep your cat indoors only? □ Yes □ No

Are you comfortable helping your new cat settle in and adjust to your home? □ Yes □ No

How long do you think that adjustment might take? _____

Do you know what declawing a cat is? □ Yes □ No

Do you agree NOT to declaw any cat adopted from Last Chance? □ Yes □ No

Do you understand the importance of slowly introducing (quarantining) your new cat to any existing pets? □ Yes □ No

Where will your cat spend most of the time? _____

Day: _____ Night: _____

Caring for a cat includes regular expenses such as food, litter, and veterinary visits.

Have you had pets before, or have you thought about what caring for a cat might cost each year?

□ Yes, I have experience with pet care □ I've thought about it & feel prepared

□ I'm still learning what to expect

If your cat ever needed unexpected medical care, what would you do to make sure they're cared for?

_____

Do you currently have other pets? □ Yes □ No If yes, please list below:

Name	Type/Species	Sex	Age	Spayed/Neutered
				□ Yes □ No
				□ Yes □ No
				□ Yes □ No
				□ Yes □ No
				□ Yes □ No

Veterinarian's Name / Clinic: _____

The adoption contract states that if you are ever unable to keep your cat, you must return it to Last Chance Animal Rescue for re-homing.

Do you have any concerns about that policy? □ Yes □ No

Are there any special circumstances or details you'd like us to know? _____

_____

How did you hear about Last Chance Animal Rescue? _____

Please list one person we can contact if we cannot reach you:

Name/Relationship: _____ Phone #: _____

I confirm that all the information provided on this form is true and complete.

I understand that any misrepresentation may result in the removal of the adopted cat from my home by Last Chance Animal Rescue, Inc.

_____ _____

Signature: Date: