



OFFICE USE ONLY:
 FILE NUMBER: _____
 DATE: _____
 STAFF: _____

FELINE ADOPTION REQUEST FORM

Date: _____

Name of Applicant: _____

Name of your Spouse/Partner (for couples living together): _____

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

Are you 21 years of age or older: Yes No What is your Date of Birth (MM-DD-YEAR) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Is this where the pet will live with you? _____

How long have you resided at this address? _____ If less than 2 years, what was your previous address: _____

Phone # (Cell): _____ Phone # (Work): _____

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

Employers Name: _____ Phone #: _____

Employers Address: _____

City: _____ State: _____ Zip Code: _____

How long have you worked there? _____

Will this be the first time you have had a cat? Yes No

Would you consider adopting a cat over 1 year of age? Yes No

A.) Why do you want to adopt a cat? _____

B.) Do you live in a: House Townhouse Apartment Duplex Condominium

Do you own: Yes No Do you rent: Yes No

If renting or belong to a home owners association, are pets allowed? _____

If renting, do you have your landlord's permission? Yes No

Name and Phone # of Landlord: _____

E.) Do you understand that all Last Chance Animal Rescue cats are strictly indoors? Does this present a problem for your home? _____

F.) Are you prepared for acclimating a new cat to your home? Yes No

Do you know what declawing a cat is? Yes No Do you agree NOT to declaw any Last Chance cat? Yes No

How long do you expect acclimating a new cat to take? _____

Do you understand the importance of quarantining your new cat from existing cats to acclimate them? _____

H.) Where will the cat be kept during the day? _____ At night? _____

I.) Number of adults in household: _____ Number of children in the household: _____ Ages: _____

Are all adults in the household aware that you are adopting a cat and in agreement? Yes No

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

J.) Are you expecting? _____ Do children visit regularly? Yes No

K.) Is anyone home during the day? Yes No Who, when? _____

L.) List all of the people who will be responsible for caring for the cat: _____

M.) How many hours each day will the pet be alone? _____

N.) When you go on vacation/travel, who will take care of the cat? _____

O.) If you move, what will you do with this cat? _____

P.) Are you willing to take care of this cat for the next 10 or more years? Yes No

Q.) Is there a situation in which you would not be willing to keep your cat? Yes No

If so, please explain: _____

R.) What behaviors WOULD you be willing to work through with your cat with acclimation, (if you have children under the age of 14, please give particular thought before answering)?

How much time are you willing to give your cat to adjust to his/her new home? _____

S.) Do you have any idea of the yearly expense of caring for this animal? Yes No

Please provide an estimate of the expense (vet care, food, grooming, licensing): _____

T.) How much are you willing to spend on medical bills for your cat? _____

What would you do if your bills go over your budgeted amount? _____

U.) Have you ever lost a pet (i.e. ran away, stolen, hit by a car)? Yes No

If so, please explain: _____

V.) Have you ever turned a pet into a shelter? Yes No

If so, please explain: _____

W.) Please list the pets you've had over the past 10 years and what happened to them:

Name	Type/Species	Sex	Age	Spayed/Neutered	Where is it now?
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X.) Are all of your pets current on their routine vaccines? Yes No

Y.) Do you know about flea and tick prevention? Yes No

Z.) What is the name/address/phone number of your vet, your previous vet or anticipated vet?

Please contact your vet and give them permission to release information to a Last Chance Representative for a vet reference.

Please list three personal **non-related** references that we may contact:

Name/Relationship: _____	Phone #: _____	Email: _____
Name/Relationship: _____	Phone #: _____	Email: _____
Name/Relationship: _____	Phone #: _____	Email: _____

All animals we adopt out are already spayed/neutered; do you have any reservation about this? Yes No

Are you willing to have a Last Chance representative conduct a home visit? Yes No

The adoption contract stipulates that should you not be able to care for your Last Chance pet that you will return it to our rescue for re-homing. Do you have any reservations about that? Yes No

Are there any circumstances you would like us to know about? _____

How did you hear about Last Chance Animal Rescue? _____

I acknowledge that all the information on this form is true and correct. I understand that any misrepresentation of any fact may result in the removal of the adopted cat from my home by Last Chance Animal Rescue Inc.

Signature

Date