

FRIENDS OF FERAL AND HOMELESS CATS AND KITTENS, INC.
848 Mt Zion Rd, Alderson, WV 24910
(203) 788-1135

ADOPTION APPLICATION

Date: _____

Name: _____

Address: _____

Phone: _____

E-Mail Address: _____

I am looking to adopt:

Gender: Male Only Female Only Either
Age: Kitten Adult Senior

General Information

1. Is this your first experience with a pet? Yes No
2. Do you own any pets at the present time? Yes No

If Yes, please provide information below about your current pets.

Pet Name	Breed/Species	Age	Altered (Y/N)	Declawed

3. Who is your current veterinarian? What name would the records be under?

4. How many dogs or cats have you owned in the past 5 years?
Dogs _____ Cats _____

5. What happened to those pets? (Be specific: include names, species, breed, ages, altered (yes or no) and what veterinarian was used).

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6. Do you currently live in a House, Apartment, Mobile Home, Duplex or Condo?

7. Do you: Own home, Own Condo, Rent home, Rent condo, Rent apartment, live with parents, live with roommates, Other:

8. Does your lease allow pets? Yes No Will you be able to provide written consent? Yes No
9. If you rent, what is your landlord's name?

10. How long have you lived at the above address? _____
11. Are you moving in the near future? Yes No
12. If moving, what will you do with your pet? _____
13. How many people live in your household? _____
14. Do any have allergies to pets? Yes No
15. Do all the adults in the house know that you plan to adopt? Yes No
16. If there are children in the household, what are their ages?

17. Where would you pet be kept? Day Time _____
Night Time _____
18. Why would you return an animal to the shelter?

19. Are you willing and able to accept full and immediate responsibility for the ownership of a pet, including all health care costs and necessary responsibilities for caring for a pet?
Yes No

I hereby affirm that I have answered the above questions completely and truthfully.

I give Friends of Feral and Homeless Cats and Kittens, Inc. permission to obtain vet records.

Signed: _____