

# Friends Of Felines Adoption Application

Thank you for considering adoption! Be sure to read over and complete this application carefully. Friends of Felines is an all-volunteer organization and may need several business days to process your application. The more complete your application, the more quickly we can get back to you. If you have any questions, please send us an email at [cats@fofct.org](mailto:cats@fofct.org).

Applicants must reside within 45 miles of Stamford, CT and have reliable transportation. Some cats may be restricted to a smaller radius on a case by case basis.

Cats and kittens are social beings and need time, love and attention. The cost of caring for a cat includes food, vaccinations, and veterinary care. Please take these things into consideration when adopting a new cat or kitten. Be sure you are willing to commit to a new family member who will depend on you for the next 10 to 20 years.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

In order to be considered to adopt you must:  
(Please initial that you have read and agree)

Be 21 years of age or older: \_\_\_\_\_

Have the consent of all adults living in your household: \_\_\_\_\_

Have the landlord's consent to bring a cat onto the property: \_\_\_\_\_

Understand that Friends of Felines, Inc. has the right to deny your application: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

What is the best way to reach you? \_\_\_\_\_

Place of Employment: \_\_\_\_\_ How long? \_\_\_\_\_

Where do you live? (Check all that apply)

- Own home
- Own condo
- Rented home
- Rented condo
- Rented apartment
- Live with parents
- Live with roommate

If Renting, Landlord's name: \_\_\_\_\_ Landlord's phone number: \_\_\_\_\_

If in an HOA, Contact information: \_\_\_\_\_

How many adults live in your household? \_\_\_\_\_ What are their ages? \_\_\_\_\_

Are all members of your household in agreement to adopt a cat or kitten? Yes  No

Are there frail individuals living in your household? Yes  No

How many children are in the household? \_\_\_\_\_ What are their ages? \_\_\_\_\_

Do you or anyone living in your household have any known allergies to cats?

Yes  No

How many hours each day will the cat be left alone? \_\_\_\_\_

Are you willing and able to provide annual veterinary care (yearly exams and vaccines) as well as for emergencies or any illness that may come up? \_\_\_\_\_

How will the cat be cared for when you travel away from home? \_\_\_\_\_  
\_\_\_\_\_

Where will your new cat sleep? \_\_\_\_\_  
\_\_\_\_\_

Why do you want to adopt a cat? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there a specific cat or kitten(s) you are interested in? Or a specific personality type? \_\_\_\_\_  
\_\_\_\_\_

What kind of cat do you prefer?

Indoor/outdoor

Indoor only

Outdoor cat

Declawed

Please explain. \_\_\_\_\_

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Have you had a pet before? Yes  No

If yes, what kind and how many? \_\_\_\_\_

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If you no longer have these pets, where are they now? \_\_\_\_\_

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If deceased, under what circumstances? \_\_\_\_\_

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What kind, age, and gender are the pets currently living in your household? Please describe their personalities as well. This will help us make the best match for the cat and your family.

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Have you ever lost or given away an animal? Yes  No

Please explain. \_\_\_\_\_

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Are you willing and able to provide a home for a cat for its lifetime (10 to 20 years)?

Yes \_\_\_\_ No \_\_\_\_ Unsure \_\_\_\_

Describe any events that might prevent you from keeping this cat for its lifetime. \_\_\_\_\_

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What animal hospital/veterinarian do you use for your current or most recent pets? Is there a prior or additional vet you have used? \_\_\_\_\_

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Your current (and past, if applicable) vet's name and phone number. \_\_\_\_\_

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What is the correct name listed on file as the owner of your pet at your vet? \_\_\_\_\_

Personal References: (Please list two.)

Reference #1

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Reference #2

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

I affirm that all information I have provided on this application is true and accurate to the best of my knowledge. By submitting this application, I am authorizing Friends of Felines to contact the veterinarians, references, and landlords I have listed on this application.

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