



## The Feline Fix Adoption Application

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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

List the kitten(s) you are interested in: \_\_\_\_\_

Are you interested in adopting:      ONE KITTEN      TWO KITTENS      NOT SURE

How long have you been at this address? \_\_\_\_\_

Are you planning on moving within the next six months?      Yes      No

Do you own or rent?      Own      Rent

(If you rent, please provide your landlord's name & phone number or provide rental agreement pet section)

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How many people live in the home? \_\_\_\_\_ Adult \_\_\_\_\_ Children/Ages: \_\_\_\_\_

Do you consider your home:      Active      Quiet      In between?

Are you adopting this cat/kitten for yourself?      Yes      No

If no, who is the cat/kitten for? \_\_\_\_\_

Does anyone in your home have allergies to cats?      Yes      No

Are you prepared to care for this cat/kitten for the next 10-20 years?      Yes      No

How many hours will the cat/kitten be alone during the day? \_\_\_\_\_



Where will the cat/kitten sleep? \_\_\_\_\_ Eat? \_\_\_\_\_

Where will the litter box be kept? \_\_\_\_\_  
*(We recommend you have at least one litter box per cat plus one and scoop the boxes twice daily)*

Will your cat/kitten be allowed outside? \_\_\_\_\_

If you let your kitten outdoors, how will it be attended? \_\_\_\_\_

Will you declaw the cat/kitten?      Yes      No

Do you have a veterinarian?      Yes      No

If Yes, Vets Name: \_\_\_\_\_

Please share why you are interested in adopting a kitten/kittens at this time?

Please share what personality the ideal kitten for your home would have? (ex. Activity level, level of interaction with you...)

If a behavioral problem arises, briefly describe what steps will you take to work on it?

Have you ever relinquished an animal to a shelter, rescue or another individual?



**What pets are currently in your home?**

	Type	Age	Sex	Neutered /Spayed	How long have you owned this pet?	Briefly describe this pet's personality
1.						
2.						
3.						
4.						

**List the last 3 pets you have had who are no longer in the home:**

	Type	Age	Sex	Neutered/Spayed	What happened to this pet?
1.					
2.					
3.					

**Please read the following and sign the acknowledgement below:**

- This application is used in the adoption approval process to determine the best home for each cat or kitten. We reserve the right to approve or deny an adoption application.
- You must be at least 21 years of age.
- Have identification showing your present address.
- Have knowledge and consent from your landlord and provide proof of same.
- Be able and willing to spend the time and money necessary to provide proper care for a cat, including veterinary care when needed.
- A representative of The Feline Fix will make a follow-up call 7 to 10 days following the adoption to ensure the cat and family are adjusting well to each other.
- If for any reason this cat/kitten cannot be retained by the adopter for its entire life, the cat/kitten will be returned to the adopting agency.

I have read, understand and agree to the conditions of the adoption application.

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

TFF Rep approval: \_\_\_\_\_ Date: \_\_\_\_\_