**Client Name** _____

**Address** _____

**Date of Application** _____

**Phone Number** _____

**Email** _____

F.E.R.A.L. Felines Embrace Rescue and Love Inc.

## *I. About Your Home and Lifestyle:*

**Living Situation:** Do you rent or own your home? ◯ RENT ◯ OWN If renting, what are the pet policies? _____

Residence type? ◯ House ◯ Apartment ◯ Condo ◯ Mobile Home ◯ Other _____

**Home Owner Permissions**: If you rent, do you have permission to bring a cat home? ◯ YES ◯ NO

May we contact the homeowner / landlord? ◯ YES ◯ NO Name & Number _____

**Household Members:** How many people live in the house? _____

**Children:** How many are children under 10?_____ Are they good with animals? ◯ YES ◯ DON'T KNOW

**Medical:** Does anyone in your house allergic to cats?_____ Do you have a plan if you discover someone is?_____

If yes, please explain_____

## *II. Cat Experience & Commitment:*

**Pet Experience:** Have you had cats before? ◯ YES ◯ NO

Are you familiar with introducing new pets to existing ones? ◯ YES ◯ NO If no, we are happy to advise/assist with the process

**Other Pets:** Do you have other pets? ◯ YES ◯ NO If yes, please list them. (ages, sex & breeds) _____

_____

**Are your current pets:**

Spayed or Neutered? ◯ YES ◯ NO ◯ DON'T KNOW

Current on vaccinations? ◯ YES ◯ NO ◯ DON'T KNOW

Tested for Feline Leukemia? ◯ YES ◯ NO ◯ DON'T KNOW

Tested for FIV? ◯ YES ◯ NO ◯ DON'T KNOW

Declawed? ◯ YES ◯ NO ◯ DON'T KNOW

Have you ever turned an animal in to the shelter? ◯ YES ◯ NO If yes, please explain_____

_____

Why do you want to adopt a cat? ◯ Companion ◯ Companion for another pet ◯ Family pet ◯ Barn cat ◯ Other

Please explain_____

**Indoor/Outdoor:** Do you plan to keep the cat indoors, outdoors, or both? _____

**Patio:** (If applicable for outdoor cats) Do you have a screened patio for the cat to go as an alternative for the outdoors?_____

## *II. Cat Care and Commitment:*

**Medical:** Will you have the cat declawed? _____ If so, Are you aware of the potential effects of this surgery?_____

Will you continue the veterinary care for the cat including staying current on vaccinations?_____

**Veterinary Care:** Do you currently have a vet?_____ Name_____

If no, we will be happy to recommend one near you.

**Long-Term Care:** Are you prepared to care for the cat for its lifetime (15-20 years)? _____

**Contingency Plans:** What would happen to the cat if you moved?_____

What would happen to the cat if you unexpectedly passed away?_____

What will you do if the vet bills are more than you can afford?_____

## *III. Open-Ended Questions:*

**Purr-fect Match:** What personality/physical traits are you hoping for? _____

_____

Do you have a FERAL cat in mind?_____ Who?_____Why?_____

Are you willing to bring the cat back to FERAL if the adoption doesn't work out?_____

Additional comments or questions from applicant_____

_____

_____

## Purr-fect Match Questions *(optional)*

It is extremely important that my new cat:

- ◯ Likes Me
- ◯ Likes Dogs
- ◯ Likes Children
- ◯ Likes to be held
- ◯ Likes other cats
- ◯ Is friendly with strangers
- ◯ Is independant
- ◯ Is playful
- ◯ Is quiet
- ◯ Is affectionate

***Office use only***

_____

_____

_____

_____

_____