

OFFICE USE ONLY:					
FILE NU	JMBER: _				
DATE: .					
STAFF:					

FELINE ADOPTION REQUEST FORM

Date:						
Name of Applicant:						
Name of your Spouse/Partner (for couples living together):						
Email Address: Email Address o	f Spouse/Partner:					
Are you 21 years of age or older: Yes No What is your Date of Birth (MI	M-DD-YEAR)					
Address:	11 DD 11 LANCY					
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 #	Phone # (Work):					
	Best time to call:					
Employers Name:	<u> </u>					
Employers Address: City: State:	Zip Code:					
How long have you worked there?						
Will this be the first time you have had a cat?						
Would you consider adopting a cat over 1 year of age? A.) Why do you want to adopt a cat?						
B.) Do you live in a:	uplex Condominium					
Do you own:	ר					
If renting, do you have your landlord's permission?						
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?	□ No					
Do you know what declawing a cat is?	gree NOT to declaw any Last Chance cat?					
How long do you expect acclimating a new cat to take?	gree (VOT to declaw any East Chance eat:					
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? \Box Yes	□ No					
J.) Are you expecting?	hildren visit regularly?					
K.) Is anyone home during the day? \square Yes \square 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 1	0 or more years?	☐ Yes ☐ No						
Q.) Is there a situation in which you would not be willing	ng 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	· ·							
S.) Do you have any idea of the yearly expense of carin	g for this animal?	Yes No						
Please provide an estimate of the expense (vet care T.) How much are you willing to spend on medical bills What would you do if your bills go over your budgets.	s for your cat?	: 						
U.) Have you ever lost a pet (i.e. ran away, stolen, hit b If so, please explain:	y a car)?	Yes No						
V.) Have you ever turned a pet into a shelter?	☐ Yes ☐ No							
If so, please explain:	□ Yes □ No)						
W.) Please list the pets you've had over the past 10 year	rs and what happened to then	n:						
Name Type/Speci	= =	Age Spayed/N	eutered V	Where is it now?				
				_				
X.) Are all of your pets current on their routine vaccines	s?	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 anticip							
Please contact your vet and give them permission to rele		ance Representative for a vet r	reference.					
Please list three personal non-related references that we Name/Relationship:	e may contact: Phone #:		Email:					
Name/Relationship:	Phone #:		Email:					
Name/Relationship:	Phone #:		Email:					
All animals we adopt out are already spayed/neutered; of	lo you have any reservation a	bout this?	☐ Yes ☐ No					
Are you willing to have a Last Chance representative co	anduct a home visit?	☐ Yes ☐ No						
The adoption contract stipulates that should you not be a			to our rescue for re-homing.	Do you have any reservation				
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 i the removal of the adopted cat from my home by La		• •	ation of any fact may result	in				
Signature			Date					