



Feline Adoption Application



Name Date
Address Phone
City State Zip Code Mobile
Email Address

Name(s) of cat(s) in which you are interested:

Reason for Adoption: Barn Cat Breeding Companion for Current Pet Child's Pet Family Pet Gift

Dwelling Type Length of Time at Current Address Number of People in Home

Ownership Status If you rent, are cats allowed? Is the pet deposit paid?

Are you age 18 or older? Are there any children in the home? Ages

Who will be responsible for the daily care of the pet(s)? What is the name of your vet/clinic?

Do you currently have any other pets? Type/Quantity: Cats Dogs Other

What are your current pets' breeds and ages?

Are your current pet(s) current on all vaccinations? Will your new pet(s) be kept current on all vaccinations?

Are your current pet(s) spayed or neutered? If not, why?

Where do your current pet(s) live? Where do they sleep? Where do they eat?

Where will your new pet(s) live? Where will it sleep? Where will it eat?

How do you feel about cats living strictly indoors?

How many hours per day will your cat be unsupervised? What arrangements will you make for extended leaves?

Will you consider adopting a companion cat, especially if you currently have no other pets?

How will you handle scratching or other destructive behavior?

How do you feel about declawing or detendoning?

Have you ever had these surgeries performed on a cat? If yes, why?

Is your current cat(s) declawed or detendoned? Who authorized the surgery?

Do you plan to have these surgeries performed on your new cat?

Have you ever had to give up a pet before? Bird Cat Dog Ferret Horse Other

Why? What happened to the animal?

What happened to your most recent cat that you no longer have?

Have you had a cat die on your premises in the last three months? What was the cause of death?

Does anyone in the home have pet-related asthma or allergies?

Are you willing to go to the expense and trouble of taking your new cat(s) to a veterinarian for full preventative and medical care at least once a year (approximate cost: \$100+)?

Will you notify us if the cat(s) develop any health problems or illness at the onset of the problem if they occur within the first week of adoption?

If you are unable to keep the cat(s) for any reason will you return it to Jennifer's Pet Rescue?

If requested, will you allow an authorized JPR representative to visit your home (by appointment only) so we can see how your new cat(s) are adjusting:

By signing here, I am attesting to the truthfulness of my answers:

Signature

Submission Instructions:

- 1. Save a copy of this form for your records.
- 2. Email a copy of your completed form to JPR@jenniferspetrescue.com. We will contact you regarding approvals and next steps.

Internal Use Only. Do not mark below this line.

Approved Approval Date Appointment Date Appointment Time

Cat(s)

Not Approved Not Approved Because