



# Feline Adoption Application



Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Email: \_\_\_\_\_

Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Mobile: \_\_\_\_\_

1. Name of cat(s) in which you are interested: \_\_\_\_\_
2. Reason for adoption: Barn Cat Breeding Child's Pet Companion for Current Pet Family Pet Gift
3. Dwelling type: Apartment Condo Duplex House Mobile Home Townhouse  
 Length of time at current address: \_\_\_\_\_ Number of people in household: \_\_\_\_\_
4. Ownership Status: Own Live with a Friend or Family Member Rent
5. If you rent, are cats allowed: Yes No How many: \_\_\_\_\_ Is the pet deposit paid: Yes No
6. Are you 18 years of age or older: Yes No
7. Are there any children in the home: Yes No Ages: \_\_\_\_\_
8. Who are the person(s) responsible for the daily care of pet(s): \_\_\_\_\_
9. Do you currently own any pets: Yes No Type/Quantity: Cats/ \_\_\_\_\_ Dogs/ \_\_\_\_\_ Other: \_\_\_\_\_  
 What are your current pets' breeds and ages: \_\_\_\_\_
10. What is the name of your veterinarian (including clinic name): \_\_\_\_\_
11. Are your current pets current on all vaccinations: Yes No Will you new pet(s) be kept current: Yes No
12. Are your current pets spayed or neutered: Yes No If not, why: \_\_\_\_\_
13. Where do your current cat(s) live: Inside Outside Where will your new cat(s) live: Inside Outside
14. Where do your current cat(s) sleep: Inside Outside Where will your new cat(s) sleep: Inside Outside
15. How do you feel about cats living strictly indoors: \_\_\_\_\_
16. On average, how many hours per day will your new cat(s) be unsupervised: \_\_\_\_\_
17. Will you consider adopting a companion, especially if you have no current pets: Yes No Maybe
18. What arrangements will you make for your cat(s) if you need to be away from home overnight:  
Boarding Pet Sitting Other: \_\_\_\_\_
19. How will you handle scratching or destructive behavior: \_\_\_\_\_
20. How do you feel about declawing: \_\_\_\_\_  
 Have you ever had a cat declawed: Yes No Why: \_\_\_\_\_  
 Are your current cat(s) declawed: Yes No Not Yet Will your new cat(s) be declawed: Yes No Maybe
21. Have you ever had to give up a pet before: Yes No Animal: \_\_\_\_\_  
 Why: \_\_\_\_\_ What did you do with the animal: \_\_\_\_\_
22. What happened to your most recent cat that you no longer have: \_\_\_\_\_
23. Have you had a cat die on your premises on the last 3 months: Yes No  
 Cause of Death: Age Distemper FIP Leukemia Rabies Unknown Other: \_\_\_\_\_
24. 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: Yes No
25. Does anyone in your household have animal allergies or asthma: Yes No
26. 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: Yes No
27. If you are unable to keep the cat(s) for any reason, will you return the cat(s) to us: Yes No
28. If requested, will you allow an authorized JPR representative to visit your home (by appointment only) so we can see how you new cat(s) are adjusting? Yes No

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

**Signature:** \_\_\_\_\_