

**ADOPTION APPLICATION**



**The Feline Connection**

Cat name or ID number: \_\_\_\_\_  Any

*(Please note we cannot guarantee a specific cat will still be available.)*

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

Mailing address: \_\_\_\_\_

Physical address: \_\_\_\_\_

Phone number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Are you at least 18 years of age?  Yes  No

I am looking to adopt a cat for:

My pet

Family pet

As a mouser/barn cat

A gift—please explain \_\_\_\_\_

Other—please explain \_\_\_\_\_

Do all the members of your household agree with adopting?  Yes  No  It's a surprise

If it's a surprise, please explain \_\_\_\_\_

How many adults live in your home, including Yourself? \_\_\_\_\_ Children? \_\_\_\_\_ Ages? \_\_\_\_\_

Is anyone in your home allergic to animals?  Yes  No

What type of housing do you have?  Own  Rent  Other \_\_\_\_\_

If you do not own your home, are animals allowed?  Yes  No  Maybe

What is your landlord's name? \_\_\_\_\_ Phone: \_\_\_\_\_

May we contact your landlord?  Yes  No

**Please list current pets**

Name	Cat/Dog/ Etc.	Age	Fixed? Y/N	Behavioral Issues	Vaccines up to date? Y/N	Years Owned

Do you have a vet?  Yes  No

What Is your vet's Name? \_\_\_\_\_ Phone \_\_\_\_\_

*A representative from The Feline Connection will call your veterinarian for a reference. Please call your veterinarian, and give us permission to do so.*

May we call your veterinarian for a reference?  Yes  No

Who's name is listed with your veterinarian, if not your own? \_\_\_\_\_

Do your pets get along with other animals?  Yes  No  I do not know  No pets

How many hours would your cat be alone each day? \_\_\_\_\_

Are all your windows screened?  Yes  No

Do you have reliable access to a car?  Yes  No (This is to transport your cat to any necessary veterinary appointments)

Have you ever given away a pet?  No  Yes—please explain \_\_\_\_\_

Have you ever surrendered a pet to a shelter?

No  Yes—please explain \_\_\_\_\_

Pets can live 10-20+ years. Are you prepared to assume responsibility of caring for this cat for its lifetime?  Yes  No

A member of the Feline Connection may conduct a home visit before, and/or after adoption. Are you willing to allow this?

Yes  No—please explain \_\_\_\_\_

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

Questions?

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**I certify that the information I provided on this application is true to the best of my knowledge. I understand that if I willfully provide false information, my application may be denied.**

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

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

Please Initial to show you understand the terms of this application: \_\_\_\_\_

*Please return to [thefelineconnection.vt@gmail.com](mailto:thefelineconnection.vt@gmail.com)*