

Employee's name that showed cat _____



Cat Adoption Application

Please read ENTIRE cover sheet before completing our application.

Name of the animal you are applying for: _____

Age/Breed: _____

Have you visited this pet? Yes or No

If so, when was the first visit? _____

Date of this application: _____

Welcome to Fuzzy Friends Rescue. We are excited to have you here and thrilled you are interested in adopting one of our healthy and happy animals!

Please answer each question **COMPLETELY** and **HONESTLY**.

If any information is left blank, we will be unable to review your application. If you are approved to adopt the pet you are applying for, this application will become a part of your permanent adoption file.

Please understand that not all families and dogs/cats are compatible. We make every effort to match our animals' personality traits with characteristics in which you have said you desire. Our goal is to match happy adopters with happy, healthy pets. We strive to place our animals in the best possible home.

*****Fuzzy Friends Rescue has the right to deny adoption of any animal to anyone for any reason.*****

COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE ADOPTION OF A PET FROM OUR RESCUE.

In order to be considered as an adopter, you must:

- Be 21 years of age or older.
- Have a valid driver's license or other photo ID showing your present address.
- Be able to verify that you can have a pet where you live if renting or living in someone else's home.
- Be willing to accept financial responsibility necessary to provide the proper care for your adopted pet for its lifetime.

**IF YOU OWN A BUSINESS, WE WOULD LOVE TO ADVERTISE YOUR COMPANY,
SO PLEASE LEAVE US A BUSINESS CARD!**

Fuzzy Friends Rescue Adoption Application

Name: _____ DL: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Please circle preferred number
Employer: _____ Occupation: _____ Work Phone: _____
Spouse's Name: _____ Spouse's Employer: _____ Spouse's Occupation: _____
Email address REQUIRED: _____

Check all that apply: Student Employed Retired Disabled

Application Questions

Description of residence: House Mobile Home Duplex Condo Apartment
 Other (please describe): _____ Do you: Own Rent Other

IF YOU RENT, the property owner/manager is: _____ Phone: _____

Does your landlord allow pets? Yes No Do you have a size or weight limit? Yes No Limit: ___ lbs.

Is a pet deposit required? Yes No Has it been paid? Yes No Can proof be obtained? Yes No

What is the length of time at your current residence: _____

Do you live with your parents?: Yes No Do you live with a non-relative?: Yes No

Number of people in your household: Adults _____ Children _____ Ages _____

Have all members of the household, including children, visited with the pet you are applying for? _____

If you do not have children, do any young children/grandchildren visit your home frequently? _____

Does anyone in the home have asthma or breathing difficulties? _____

Are you willing to let a Fuzzy Friends representative visit your home? _____

Who will support this cat financially? _____ Who will be the primary caregiver for the cat? _____

How long have you considered adopting a pet? _____

What attracted you to this cat? _____

How will you handle the cat's exercise and toilet duties? _____

Does your home have a dog/cat door? Yes No Door goes to outside to garage other _____

How much time will the cat spend inside versus outside? _____

If allowed outside, how will the cat be kept safe (from cars or from predators such as owls, hawks, and coyotes)? _____

Do you have an enclosed patio? Yes No If yes, please describe: _____

What are your plans for accommodating the cat's natural need for scratching? (Not sure? Ask us about the options available to you!) _____

On average, how many hours will this animal spend alone each day? _____

Where will this cat stay when you are not home? Daily? _____ Overnight travel? _____

Where will this animal sleep at night? _____

What reasons would you give up a pet? This will help us match you with a pet that will meet your expectations. (Please note how severe the problem would have to be to lead to relinquishing the pet, i.e. vet bills over \$100/\$1000/\$10,000.) _____

Cats can live to be in their 20s, depending on the breed; given the cat's current age, do you anticipate being able to care for the cat for its entire life? Yes No

If you become unable to care for this pet (due to death, severe illness, loss of income, change in living conditions, etc.) what would you do with him or her? _____

Pet Ownership History

Have you ever adopted a pet before? Yes No If yes, where from? _____

Have you ever had to give up a pet? Yes No If yes, why? _____

Please let us know what pets you currently have in your household:

Type: _____ Name: _____ Age: _____ Sex: _____ Fixed: Yes No

Type: _____ Name: _____ Age: _____ Sex: _____ Fixed: Yes No

Type: _____ Name: _____ Age: _____ Sex: _____ Fixed: Yes No

Type: _____ Name: _____ Age: _____ Sex: _____ Fixed: Yes No

Type: _____ Name: _____ Age: _____ Sex: _____ Fixed: Yes No

Type: _____ Name: _____ Age: _____ Sex: _____ Fixed: Yes No

Please tell us about your previous pets (within the last 10 years) and how long ago you had them:

-Type: _____ Name: _____ Age: _____ Sex: _____ Fixed: Yes No

What happened to it and how long ago? _____

-Type: _____ Name: _____ Age: _____ Sex: _____ Fixed: Yes No

What happened to it and how long ago? _____

-Type: _____ Name: _____ Age: _____ Sex: _____ Fixed: Yes No

What happened to it and how long ago? _____

-Type: _____ Name: _____ Age: _____ Sex: _____ Fixed: Yes No

What happened to it and how long ago? _____

-Type: _____ Name: _____ Age: _____ Sex: _____ Fixed: Yes No

What happened to it and how long ago? _____

-Type: _____ Name: _____ Age: _____ Sex: _____ Fixed: Yes No

What happened to it and how long ago? _____

Where did you hear about Fuzzy Friends? _____

I have read and understand the entire application and by signing, I understand that FFR has the right to deny any application for any reason and reasons for denial will not be given. I am aware that there may be multiple applications on the animal I am interested in. FFR receives applications from multiple areas including fax, internet, and offsite. I certify that the above information is correct. I understand that false information may result in nullifying this adoption.

By signing this application, I am certifying that I am at least 21 years of age and intend to be the legal owner and person responsible for the care and well being of this animal. I give representatives at Fuzzy Friends Rescue permission to contact my veterinarian, references and landlord in order to process this application. I also agree that I (we) will keep our animals current on vaccines and current on monthly heart worm prevention.

Signature _____ Date _____

If I am approved to adopt, I understand that if for any reason this cat does not work out in my home, that I will contact Fuzzy Friends immediately. I will not give the cat away to anyone (except as previously specified on this application), nor sell him/her, but will contact FFR immediately for guidance.

Signature _____ Date _____

Veterinary Reference

To speed up the processing time for the application, please provide us with copies of the veterinary records for your current/recent pets listed on the application. Records can be dropped off in person, emailed to volunteer@fuzzyfriendsrescue.com or faxed to 254-754-9959.

Alternately, we can attempt to contact the veterinarians to obtain records. Be advised that this could add several business days to the processing time.

Please list the veterinarians you have used for preventive care (vaccines, heartworm/flea prevention):

Veterinary practice name: _____ Phone number: _____

Name records are under _____

Veterinary practice name: _____ Phone number: _____

Name records are under _____

Veterinary practice name: _____ Phone number: _____

Name records are under _____

Please list the veterinarians you have used for other medical care, (if different from above):

Veterinary practice name: _____ Phone number: _____

Name records are under _____

Veterinary practice name: _____ Phone number: _____

Name records are under _____

Veterinary practice name: _____ Phone number: _____

Name records are under _____

Are all the dogs/cats in your household spayed or neutered? Yes No

If no, why not? _____

Are all the dogs/cats in your household current on core vaccinations? Yes No

If no, why not? _____

Are all the dogs/cats in your household on heartworm prevention? Yes No

If no, why not? _____

If yes, what kind, and where is it purchased? _____

When was the last dosage given? _____

Have all of the cats in your household tested negative for FeLV and FIV?: Yes No

When/why was your last Vet visit? _____

Release for Veterinary reference: I, _____, hereby give permission for any veterinarian providing service to me to release medical information on any/all of my animals to Fuzzy Friends Rescue, including the pet I'm adopting at this time for follow-up purposes in the case of existing conditions or simply well check and heartworm prevention status.

Signature _____ Date _____

