



A CAT'S FRIEND INC. APPLICATION FORM

P.O. Box 2392, WOODBRIDGE, VA 22195

EMAIL: ACATSFRIENDINC@GMAIL.COM / PHONE: 571-264-1657 / FAX: 703-680-5125

WEBSITE: WWW.ACATSFRIEND.ORG / FACEBOOK: WWW.FACEBOOK.COM/ACATSFRIEND

DIRECTIONS: Please email or fax your completed application to A Cat's Friend Inc, or give it to the Pet Valu store manager. Someone will be in touch with you within 24 hours. All adoptions require an approved adoption application, home visit, and \$125 adoption fee. This fee covers the cost of vetting prior to adoption.

Date: _____

Name of Applicant _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ E-mail _____

How long have you lived at this address? _____

Describe in details the cat you are looking for:

What kinds of pets do you have? (Include age, sex, and breed.)

| | | | | |
|--|-----|----|------------|-----|
| Have they been spayed or neutered? | Yes | No | Don't Know | |
| Are they current on vaccinations? | Yes | No | Don't Know | |
| Have they been tested for feline leukemia? | Yes | No | Don't Know | N/A |
| Have they been tested for FIV? | Yes | No | Don't Know | N/A |
| Are they declawed? | Yes | No | Don't Know | N/A |

If yes, where is the cat declawed? _____

What happened to the pets you no longer have?

Have you ever turned your cat in to a shelter? Yes No

If yes, explain. _____

Have you ever had a pet euthanized? Yes No
If yes, explain. _____

If you have pets, will they adjust to a new cat in the house? Yes No Don't Know
Why do you want this cat? (*Check all that apply*)
____ Companion ____ Companion for other pet ____ House pet
____ Barn Cat Mouser ____ Office Cat
____ Other (*Explain*) _____

How many adults are in your household? _____ Children? _____
Children's ages? _____

Does any member of your household have an allergy to cats? Yes No

Where do you live?
____ House ____ Apartment ____ Condo ____ Mobile Home Other _____
Do you rent or own your home? ____ Rent ____ Own
If you rent, may we contact the owner to obtain permission for this cat to live in your home? Yes No
Owner's name & telephone number _____

What is your current occupation? _____
Name of employer: _____

Does your job require extensive travel? Yes No

Where will your cat live?
____ In the house ____ Outdoors ____ With free access to both indoors and outdoors
____ In the barn ____ In the garage
Please explain

Do you have screens on your windows? Yes No
Do you have a cat or dog door? Yes No
If yes, where does it lead to? _____

Under what circumstances would you have the cat declawed?

Are you aware of the potential side effects of declawing a cat? Yes No

Will you keep the cat's vaccinations up-to-date? Yes No

Who is your veterinarian? _____
Phone _____ City/State _____

If you go away for a few days, or on a vacation, who will take care of the cat?

What arrangements will you make for the care of your pets in the case of an emergency, or if you become unable to care for him/her?

If you move, will you take the cat with you? Yes No

Have you ever applied to *A Cat's Friend Inc.* before to adopt a cat? Yes No
If yes, explain _____

Have you ever brought a cat to *A Cat's Friend Inc.*? Yes No
If yes, explain _____

Are you willing to have a representative of *A Cat's Friend Inc.* come to see where the cat will be living?
Yes No If no, explain _____

Are you aware that cats can live 15 – 20 years and are you willing to take responsibility for this cat for the next 10 – 20 years? Yes No

Additional comments from applicant:

Please provide two personal references:

Name of reference 1 _____
Street Address _____
City _____ State _____ Zip Code _____
Phone _____ E-mail _____

Name of reference 2 _____
Street Address _____
City _____ State _____ Zip Code _____
Phone _____ E-mail _____