FELINE ADOPTION APPLICATION



Date: Name:		
Address:		_
Phone: Work Email:	Home	Cell
Do you: Own/Rent/Li	ve with parents/Other	
Do you have permiss	sion to own a pet? Yes/No	
Do you currently hav If yes, what kind?	ve other pets? Yes/No	
I would consider my	household: A Library/Middle of	the Road/A Carnival
I am comfortable with a cat who likes to play "chase my ankles" and similar games: Yes/No/Somewhat		
-	ract with guests when they co of the time/If they feel comfort	•
-	ut a boisterous cat that gets in r not live with them/Depends o	· ·
My cat needs to be a	ble to adjust to new situations	quickly: Not important/Somewhat/Yes
-	e being with children in my hor ble/Some of the time/Most of t	ne: he time/ Children rarely come to my
My cat needs to be a More than 9 hours pe	able to be alone: er day/ 4-8 hours per day/ Less	than 4 hours per day
I want my cat to enjo	by being held: Little of the time	e/Some of the time/Most of the time
My cat will be: Inside/Inside and Outside/Outside		
I have lived with cats If yes, when?	s before: Yes/No/Currently	
I prefer my cat to be	talkative: Yes/No/It's not impo	rtant either way
I want my cat to play with toys: Often/Sometimes/Little of the time		
I want my cat to be active: Yes/Somewhat/No		
It is most important	to me that my cat	