

# SAN ANTONIO FERAL CAT COALITION ADOPTION APPLICATION

Applicant name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, state: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 Home e-mail: \_\_\_\_\_ Work e-mail: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

1. What type of cat are you interested in?

Male  Female  Kitten (under 5 months)  Adult  Long Hair  Short Hair

Name of cat you are interested in: \_\_\_\_\_

Personality type: \_\_\_\_\_ Color: \_\_\_\_\_

2. How many people currently reside in your household? \_\_\_\_\_

3. Any children in the household?  Yes  No List ages: \_\_\_\_\_

4. For whom are you adopting the cat?  Self  Gift

5. Does any member of the family have any allergies to animals?  Yes  No

If yes, explain: \_\_\_\_\_

6. Who will be responsible for the cat's care? \_\_\_\_\_

7. Where do you live?  Apartment  Condo  Farm  Mobile home  Townhouse  House

8. Do you own or rent your residence?  Own  Rent

If you rent, what is name of landlord and phone number? \_\_\_\_\_

9. Are companion animals allowed?  Yes  No  Not sure

10. Where will the cat be kept?  Indoors only  Outdoors only  Both in/out

11. If outdoors, will the cat be  attended  unattended  collar & tags?

12. Will anyone be home during the day?  Yes  No

13. How many hours will the cat be left unattended? \_\_\_\_\_

14. When no one is home, where will the cat be kept? \_\_\_\_\_

15. If you move, what will you do with the cat? \_\_\_\_\_

16. How far from the road/traffic is your home/farm located? \_\_\_\_\_

17. Is the volume of traffic  light  moderate  heavy?

18. Have you ever had a companion animal before?  Yes  No

19. Describe those companion animals you still care for or that are living in your household.

Name	Breed	Age	Sterilized? Y/N	Declawed? (cats) Y/N	Kept where	Time in your care

20. Describe those companion animals you no longer care for:

Name	Breed	Age	Sterilized? Y/N	Declawed? (cats) Y/N	Kept where	Reason no longer in your care

21. Are your companion animals current on their vaccinations?  Yes  No

22. Please provide name of your veterinarian: \_\_\_\_\_

23. Please provide telephone number of your veterinarian: \_\_\_\_\_

24. Are you financially able and willing to provide annual checkups, vaccinations, and ANY medical care necessary?  Yes  No

25. If you have a dog, is he/she permitted to run loose?  Yes  No

26. What precautions would you take to properly introduce a new cat into your home if you have other animals (a dog, bird, rabbit, another cat, etc.)? \_\_\_\_\_

27. What will you do if your new cat does not get along with your present companion animals? \_\_\_\_\_

28(a). Are you planning to declaw your adopted cat?  Yes  No  Not sure

28(b). Are there any circumstances that would make you decide to declaw your adopted cat?  Yes  No  Not sure

29. Have you ever adopted an animal from a rescue/animal control agency?  Yes  No

30. Have you ever had an application rejected for adoption of an animal from a rescue/animal control facility?  Yes  No  
If yes, explain: \_\_\_\_\_

31. Why do you want to adopt a cat? \_\_\_\_\_

32. If a disciplinary or behavior problem arises, what steps will you take to work on it? \_\_\_\_\_

33. Are you familiar with your local animal control laws?  Yes  No

34. Are you willing to sign legal pet adoption papers?  Yes  No

35. Do you agree to permit a visit to your home/farm by appointment?  Yes  No

By signing this form, I/we acknowledge that all information on this form is true and correct. I/we understand that any misrepresentation of fact may result in San Antonio Feral Cat Coalition refusing adoption privileges to me/us. If my/our request for adoption is approved and later San Antonio Feral Cat Coalition discovers the above information is not true or correct, San Antonio Feral Cat Coalition reserves the right to remove the adopted cat from my home/farm.

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