



FELINE FRIENDS INC.
P.O. Box 174
Feeding Hills, MA 01030-2133
(413) 786-5019
info@felinefriendsinc.org
www.felinefriendsinc.org

Cat and Kitten Adoption Application

Feline Friends, Inc. is a non-profit, no kill organization dedicated to placing homeless cats and kittens into safe and loving homes for their lifetime. To enable us to fulfill this goal, we ask that you provide us with information regarding their potential home. Your answers may be our assurance that Feline Friend's cats and kittens will live in good, permanent homes. Please do not try to anticipate what sort of answers are "correct" since some questions may have more than one answer. Some questions are asked purely to give us a profile of our adopters and give us the best idea of what personality of cat would be the best fit for your family. All information is kept strictly confidential. Feline Friends is not a pet store, therefore we do not sell animals.

Please email this application to: info@felinefriendsinc.org

OR print and mail to: Feline Friends, Inc., P.O. Box 174, Feeding Hills, MA 01030

Name(s) of Adopter(s) _____

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone (_____) _____ Ext _____

Best time(s) to reach you by phone: _____

Email Address _____

Home Address: _____

STREET

CITY

STATE

ZIP

Own Rent → Can you provide written proof that you are allowed to own pets? _____

Landlord's name: _____

Landlord's phone number: _____

Number of adults at this address: _____ Age(s) of adult occupant(s): _____

Number of minors at this address: _____ Age(s) of minor(s), if any: _____

Describe your household: (ie, quiet, average, busy, grand central station, etc) _____

Is anyone in your home allergic to cats? No Yes

Your Occupation(s): _____

How many hours a day would your cat/kitten be alone? _____



Emergency Contact Name _____
Phone _____
Relation to you _____

Do you have any pets now? No Yes →

Specie(s)/Age(s)/Breed(s): _____

Are they Spayed/Neutered? No Yes Are they declawed? No Yes

Do your cats go outside? No Yes → If so, are they supervised? No Yes →

If yes, how are they supervised? _____

Have you had any pets in the past? No Yes →

How many? What kind? _____

What happened to these pets? _____

Who is/was your veterinarian? _____

This is my: Current Vet Vet used in the past Vet I've never used, but hope to for future pets

If moving is necessary, are you willing to find housing that accepts cats? No Yes

Will your cat remain indoors at all times? No Yes

Would you plan to have your cat declawed? No Yes

Would you plan to have your cat spayed or neutered if it is not already? No Yes

Are you willing to take your cat regularly for rabies vaccination? No Yes

Do you think your cat should have a yearly physical exam? No Yes

Do you believe that you can provide a good home for your cat for the duration of its lifetime, which could be 15 years or more? No Yes

If your cat or kitten should become ill, do you feel you could afford a bill for professional veterinary service, within reason? No Yes

What type of food would you feed your cat, and how often? _____

Describe your ideal cat: _____

Cat(s) of ours you are interested in: _____

We will get back to you as soon as possible! Thank you for applying!