

Furry Suits Rescue
P.O. Box 21
Herndon, VA 20172



www.FurrySuitsRescue.org

Cat/Kitten Adoption Application

Thank you very much for your interest in our rescue organization and our precious four legged guys and gals. Please read the application thoroughly and ask a volunteer to clarify any questions you feel are unclear.

Date of application _____ Name of cat you are interested in _____

Your name _____

Address _____ City, State, Zip Code _____

Phone (home) _____ (work) _____ (cell) _____

Employer _____ Occupation _____

Spouse/other adult employer _____ Occupation _____

Email _____

Name of Personal Reference (not family) _____ Relationship _____ Phone _____

Number of Adults in Household: _____ # of Children _____ Ages of children : _____

Are all the adults in the household aware that you are adopting a cat/kitten? yes no

Who will have primary responsibility for this pet and state the age: _____

Does anyone in the household have pet allergies or asthma? yes no If yes, who? _____

Why did you choose this particular cat/kitten? _____

RESIDENCE TYPE: Single Family _____ TH _____ Mobile _____ Apartment _____ Condo _____

Do you own _____ or rent _____ your home?

If you rent, does your lease allow animals? yes no Management company or landlord name and phone number _____

Will this cat be allowed outside unattended during the day/night? yes no

How many hours a day will the cat/kitten be left alone? _____

Where will the cat/kitten be kept when alone? _____

If confined in a room, which room? _____

Where will the cat/kitten be kept when you are home? _____

Where will the cat/kitten sleep at night? _____

How often and what kind of exercise will you give your cat/kitten? _____

Are there any circumstances under which you would have a cat/kitten declawed? yes no

If yes, what circumstances? _____

Do you travel or relocate frequently? yes no If yes, please explain _____

What will you do with your cat/kitten if you have to move? _____

Please list the animals you currently have:

Name	Species	Age	M/F	Spayed/Neutered?	Vaccinations Up to Date?	Where is that animal now?
				<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
				<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
				<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
				<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
				<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	

Please list the animals you have had in the past *as an adult*:

Name	Species	Age	M/F	Spayed/Neutered?	Vaccinations Up to Date?	Where is that animal now?
				<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
				<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
				<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
				<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
				<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	

Have you ever given away, sold or surrendered an animal? yes no

If the answer is yes, what were the circumstances and to whom?

What method of training/discipline will you use?

How were your previous pets trained/disciplined?

Some animals are either not housetrained, or when introduced to new surroundings, or when stressed, or as an attention getter, will have housetraining issues. Are you prepared to deal with this? yes no

How will you correct him/her if an accident occurs?

What method do you intend to use for housetraining?

Have you ever applied to adopt from a rescue organization, SPCA, animal shelter or Humane Society before? yes no

If yes, when? _____ Explain the outcome: _____

Are you willing to allow a representative of Furry Suits Rescue to visit where the cat/kitten will be living? yes no

Are you willing to allow a representative of Furry Suits Rescue to contact your personal veterinarian? yes no

If Yes, veterinarian name _____ Phone number _____

I certify that the information above is true and understand that false information will result in nullification of this adoption.

Prospective Adopter Signature: _____ Date: _____

Interviewer Approval: _____ Date: _____

Interviewer Approval: _____ Date: _____