

Georgina Feral Cat Committee - Adoption Application Form

Full Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip _____ Email _____

I am inquiring about: 1 Cat _____ 2 Cats _____

Name of Cat(s) _____

Personal History

1. Do you have children? Y _____ N _____
If yes, check what applies to you:
They live at home _____
They do not live at home but visit _____
2. What are the ages of the children? _____
3. Do any of the children or adults have allergies to pets? Specify. _____

How do you manage these setbacks? (Allergy pills, allergy shots) _____

4. Have you adopted a pet in the past? Y _____ N _____
5. Is every member of the family agreeable to adopting a cat? Y _____ N _____
6. Are you willing to deal with temporary behavioral issues during an adjustment period?
(These issues may include inappropriate toileting, spraying, and nervousness amongst others)
Y _____ N _____
7. Have you ever been required to give up or re-home a pet due to behavioral problems?
Y _____ N _____ If Yes, Please provide details: _____

8. Do you have the means to financially cover unexpected or emergency care that may be required
for your newly adopted family member? _____
9. Have you ever been required to put a previous pet to sleep due to costly medical care?
Y _____ N _____ What were the circumstances? _____

10. How much time will your newly adopted pet spend alone? _____

11. Do you have a lifestyle/job that takes you away from home frequently? Y_____ N _____
12. What plan of care do you arrange for your pet during your times away from home? _____

Pet History

1. What companion animals have you previously owned? _____

2. Are they still part of your family? Y_____ N _____
If not, what caused you to part with them? _____

3. If your pet(s) is deceased, what were the circumstances? _____

4. Number of animals living in home currently: _____
Cats: _____ Dogs: _____ Other (please specify): _____
5. Ages of animals living in your home:
Cats: _____ Dogs: _____ Other (please specify): _____
6. Are your pets declawed? Y_____ N _____
7. Would you declaw a new pet introduced to your home and family?
Y_____ N _____ Unsure _____
***Please Note: We do have a NO DECLAW policy**
8. Are your pets altered (spayed/neutered)? Y_____ N _____ If not, please explain why: _____

9. Are current pets indoor or outdoor pets?
Cats: Y_____ N _____ Dogs: Y_____ N _____ Other: Y_____ N _____
***Please Note: We do have an INDOORS ONLY policy**
10. Do any of your pets have any known illnesses or parasites? (Distemper, Parvo, Mange, Ringworm, Feluk/FIV, etc) Y_____ N _____ If yes, please specify: _____

Veterinary History

1. Previous/current pets receive medical care from:
Clinic Name: _____
Address: _____
Veterinarians Name _____ Contact # _____
***You will be vet reference checked**

2. Will you be using the same Veterinary Clinic listed above to care for a newly adopted cat?
Y _____ N _____ If no, please provide us with the Veterinary Clinic's Information:

Clinic Name: _____

Address: _____

Veterinarians Name _____ Contact # _____

Thank You for filling out our Adoption Application Form. If you meet the requirements for the cat you are interested in we will contact you and we will follow through with the Adoption.

***Please Note: We have the right to decline the potential adopter if a representative feels the chosen cat is not a correct match for them.**

**Georgina Feral Cat Committee
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Tel 289 231 7230**