

## Central Texas Feline Rescue Adoption Application

Today's Date

Name\_

Street Address

City/State/Zip

Home Phone

Cell Phone

Work Phone

E-Mail Address

You currently reside in a: House \_\_\_\_ Apartment \_\_\_\_ Mobile Home \_\_\_\_ Condo \_\_\_\_

How long have you lived at the above address

Do you rent or own

If renting, does your lease allow pets? How Many?

If renting, please provide Landlord name and phone number

If less than one year and you are renting, where did you live before? (complete address and phone information)

Please list the following information for all persons living in your household, including yourself.

Name	Age	Work Schedule
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Is everyone in your household aware of and agreeable to your interest in adopting?

Do you or anyone in your family have animal allergies?

Where will the cat be kept? Indoors      Outdoors      Both

If both, how many hours of the day or night will cat be kept outdoors?

What will you do with the cat when you go on vacation?

Do you plan to declaw? Yes    No    Only front claws    All four Claws

What would you do if your cat scratched your furniture? Children?

If you were not planning on declawing, what would be reasons that would make you reconsider and declaw?

What do you expect to spend on yearly maintenance of your cat? (food costs, litter, personal items, i.e toys, bedding, and veterinary expenses, etc) \$ \_

Will you feed your cat: Dry    Canned    Both    Don't know

What brand(s) do you/will you feed? Dry:      Canned:

If your cat became ill and veterinary costs became high, what would you do?

What would be reasons you would consider euthanizing your cat?

What would be reasons you would consider re-homing your cat?:

Have you ever turned an animal in to a shelter? \_\_\_\_\_

Have you ever re-homed a cat or released one outdoors? \_\_\_\_\_

How many animals have you had as an adult? \_\_\_\_\_

How many currently live with you? \_\_\_\_\_

Do you have any pets at the present time? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the following information:

Name	Breed	Age	Current on Shots	Spayed/Neutered	Clawed/Declawed
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Which kitties are you interested in? (List specific cats or describe what you are looking for in a cat)

Please list the names and phone numbers of two references (of those, please list at least one non family references) with which we could discuss your adopting a rescued cat.

Name	Relationship	Phone
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I certify that the above information is true and accurate and understand that false information or lack of full disclosure of pertinent information may result in rejection of my adoption application. I understand that no cat is "on hold" for me. Further, my signature below signifies my agreement to and acknowledgement of Central Texas Feline Rescue right to share any and all information contained in this application, or obtained for the purpose of processing this application, with any other rescue group, adoption agency, shelter organization, or any other person or persons, as deemed reasonable and necessary by Central Texas Feline Rescue to secure the health and well-being of any animal or animals of which applicant has any interest or intent.

Signature \_\_\_\_\_

Date

*Central Texas Feline Rescue, at its sole discretion, reserves the right to deny, refuse, or reject any application for any reason we deem necessary.*

*No adoption is final until the adoption fee is collected and the adoption contract is signed by both the Adopter and the Central Texas Feline Rescue Representative.*