

Feline Urgent Rescue Adoption Application

A/D Adopt Code _____

For Office Use Only

Date _____ Name of F.U.R. feline you are interested in _____

If your feline of choice has been adopted, would you be interested in another F. U. R. cat/kitten? _____

Your Name _____ Age _____ Phone Number _____

Address _____

Length of time at this address _____ Number of persons in household _____ Adults _____ Children _____

If children reside in residence, what are their ages? _____ Is above address an apartment or house? _____

If an apartment, what is the pet policy? _____ Will you report that you have a pet? _____

Landlord's name and phone number _____

Are you planning on moving in the next year? _____ If yes, where to? _____

Explain your interest in the feline you are desiring to adopt _____

Who will be the primary care taker of the cat/kitten you are applying for? _____

Have you had a cat/kitten previously? _____ For how long? _____ What was the breed? _____

What happened to your previous cat? _____

What is your occupation? _____ Years of service _____ Other sources of income _____

Do you have other pets? _____ Description _____ Have they been around cats/kittens? _____

If you have other animals, how do you plan to acclamate your newly adopted F.U.R. cat to them? _____

Name of previously used veterinarian _____ Office Number _____

Where will you keep your new feline during the day? _____ evening? _____

If you travel, who would watch your cat? _____ Would you consider a pet sitter over boarding? _____

Will you allow the cat to go outside _____ Do you allow your other animals, if you have any, to go outside? _____

What is your knowledge of the health of a feline that spends time outdoors? _____

Do you plan on having your cat de-clawed? _____ What is your understanding of the impact of de-clawing a cat? _____

How would you handle a situation where the cat exhibits unwanted behavior like scratching furniture or jumping on countertops? _____

How would you handle a cat that goes to the bathroom outside of the designated litter box? _____

Please be aware that as rescued felines, our cats/kittens may exhibit undesirable behavior until they are acclimated in their new home. You will need to anticipate this possibility, educate yourself appropriately and be prepared to deal with the behavior kindly.

If you encountered a medical emergency or treatment requirement with your new F.U.R. feline, what is the financial depth you would be prepared to expend to get them the necessary attention? \$ _____

Will you continue any special dietary or medicinal requirements your cat/kitten may have upon our recommendation? _____

With your signature below, you acknowledge that you have read and understand the adoption guidelines on the previous page. Your signature also reassures us that all the information you have provided is true and accurate, to the best of your knowledge.

X _____
Name Date

Information below to be completed by F.U.R. personnel only

_____/Date_____
Signature of F.U.R. Volunteer Receiving Application

_____/Date_____
Signature of F.U.R. Adoption Counselor Reviewing Application

_____/Date_____
Signature of F.U.R. Adoption Counselor Reviewing Application

Date Application Logged in _____

Approval? _____ Date Client Called _____ Date client took receipt of feline _____ Follow Call Date _____

Medical Attention given to feline while with F.U.R. _____

Feline Spayed/Neutered prior to delivery to new home? _____ If not, date scheduled _____ Vet _____

Vet phone number _____ Follow up call scheduled _____ Follow up call made _____

Denial? _____ Reason for denial _____

Date postcard mailed _____

Comments _____

Special Instructions for new owners: _____