



FELINE ADOPTION APPLICATION

Pet ownership is a serious commitment that the entire household needs to consider and agree to before the animal is adopted. We want to ensure that each adoptive household is aware of, and willing and able to accept, the physical and financial responsibilities of pet ownership. Not everyone who desires to own a pet is ready to properly care for one. This questionnaire will assist both you and us in determining if your household is prepared to assume the role of responsible caretaker for a rescued animal. Thank-you for taking the time to fill out this application.

Adopter's Name: _____

Other adults at residence: _____

Street Address: _____

How long have you lived at this address? _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Cell: _____ Email: _____

Employer: _____ Employer's Phone Number: _____

Student? Yes No Exchange Student? Yes No

If yes, please list contact information for your counselor or sponsor:

Name: _____ Phone: _____ Email: _____

When school is not in session, where will the cat reside?

(e.g. family home, friend's apartment, etc.) _____

Please provide contact information for this location:

Name: _____ Relationship (e.g. parents, friend, etc.): _____

Phone: _____ Email: _____

Number of children living in your house: _____ Ages: _____

Does anyone in your household have allergies to animals? _____ If yes, to what kinds of animals? _____

Does your entire household know that you are considering adopting a pet? _____

If no, why not? _____

Household setting: (check one) _____ Rural _____ Suburban _____ Urban

Do you live in a: (check one) _____ house _____ apartment _____ mobile home _____ townhouse

Other (explain) _____

Do you own your home? _____ Yes _____ No

If you rent, you **MUST** provide proof of permission to have a cat on the premises.

Landlord's name and phone number: _____

Where would the cat be housed: (check one) _____ inside _____ outside _____ both

If outside or both, how long after adoption would you start letting the cat go outside? _____

Where will the cat spend the night? _____

Are you prepared to care for this cat for the next 15 - 20 years? _____

Approximately how many hours each day would the cat be left alone? _____

Why are you considering adopting a cat? (check any that apply) _____ companionship _____ mouser

_____ children _____ breeding _____ other (describe) _____

Is there a particular cat of ours that you are interested in? If so, provide name and description: _____

Where did you hear about this cat? _____

If not, please note your preferences so that we can notify you when such an animal becomes

available: (color, long/short hair or no preference) _____ gender _____

age range _____ other _____

Owning a pet can be expensive. What would you estimate the annual cost of feeding, housing and providing medical care for this animal to be? _____

What problems would make you return a cat? (check any that apply) _____ scratching _____ biting

_____ litter box training _____ shyness/other fears _____ shedding _____ scratching/climbing on

furniture _____ other (describe) _____

Would you be committed to work with the cat to correct any of these and most other problems?

Would you ever consider de clawing a cat? _____ yes _____ no If yes, describe the circumstance?

Have you or anyone in your household ever taken a pet to Animal Control or to a shelter?

_____yes _____no

If Yes, describe the circumstance _____

Would you return the cat due to any of the following circumstances: (check any that apply)

_____Move_____new baby_____divorce_____high cost of animal's care_____personal illness

_____other (describe) _____

_____none that I know of .

Describe your home's activity level: (check any that apply)_____busy, active, noisy_____frequent

guests _____moderate coming/going_____quiet_____other (describe)_____

Do you feel that a pet should be spayed/neutered?_____Yes_____No If no, why not? _____

Please list all animals that you presently own, listing type of animal (dog, cat), breed, how long you have owned the animal, animal's name, age, sex, whether the animal is spayed/neutered, and whether the animal is up-to-date on vaccines:

Who is responsible for the daily care of the above? _____

Who is responsible for care when you are on vacation? _____

Name and telephone number of current veterinarian, if any: _____

If less than two years, name and telephone number of previous veterinarian: _____

Please list three personal references, other than relatives, (name, phone number and email address) if you've had pets, include those who know the pets you have or have had, and the care that you provide to them:

1. _____

2. _____

3. _____

Please list animals you previously owned and describe what happened to them.

1. _____
2. _____
3. _____
4. _____

Have you ever been charged or convicted of animal cruelty, neglect, or abandonment? ☐ Yes ☐ No

Have you ever been charged or convicted of a felony? ☐ Yes ☐ No If yes, explain: _____

De-clawing is strictly forbidden.

Individuals who adopt a Floyd County Humane Society (FCHS) cat are contacted periodically for an update to help ensure that the cat successfully adjusts to its new life. If you adopt a FCHS animal, do you consent to home visits before and/or after adoption? Yes No

What is the best time to call you at home to check on how the adopted cat is adjusting?

If at any time an adopter cannot keep the cat, it must be returned to the Floyd County Humane Society. If the cat is not spayed or neutered at adoption, the adopter is required to alter the cat and provide a veterinary certification of altering to the Floyd County Humane Society by the date specified in the adoption contract. Cats that are unaltered by the contractual date may be seized.

By signing below, I acknowledge that I have completely read this questionnaire and comprehend it fully. I know that applying does not ensure approval and that untruthful answers or failure to comply with the requirements of this application or the adoption contract can result in the forfeiture of any Floyd County Humane Society animal adopted by me.

Signature _____ Date _____

The adoption fee includes the spay / neuter at the veterinary office of FCHS choice and any age appropriate vaccines at the time of adoption, it may also include flea treatment and dewormer if necessary.

Please return this form to: **Floyd County Humane Society, P.O. Box 862, Floyd, VA 24091** or send as an attached document to: e-mail: info@floydhumanesociety.org

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