FERAL CATS FAMILY

ADOPTION APPLICATION

CAT NAME:						
YOUR CONTAC	CT INFO					
Full Name:						
Address:						
Phone:		Email:				
YOUR FAMILY						
Number of adults:		Num	per of children:			
Young children (0	-7 years):	Older childr	en (8-12 years):	Teena	igers :	
Any allergies/asth	ma in the fa	mily? • Yes	O No			
How would you d	escribe yours	self/your family?				
O Loud	O Quiet	O Nervous	O Calm			
YOUR HOME						
Do you own or re	nt?	Own OR	ent			
Do you have land	lord/strata's	permission to own	pets? • Yes	O No	O N/A	

If yes, please, provide a copy of tenancy agreement or strata rules. Alternatively, you can provide contact information of your property or strata manager.

YOUR ANIMALS

Do you have any	other pets in	your household?	O Yes	O No
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If yes, please, list them:

Name	Type	Age	Gender	Fixed or Intact

PRE-ADOPTION QUESTIONNAIRE

Select the best option, so we can determine if the animal of interest is a good match and/or we can provide more insight into the cat's personality or temperament.

	Never	Rarely	Sometimes	Often	Always	No Preference
Friendly with me	0	0	O	0	O	O
Friendly with children	•	•	O	•	O	O
Friendly with visitors	0	0	0	0	O	O
OK with cats	O	O	O	O	•	0
OK with dogs	0	0	0	0	O	O
Affectionate	O	O	O	O	•	0
Enjoys brushing/grooming	0	0	0	0	O	O
Enjoys going outside	O	O	•	O	O	0
Independent	O	O	0	O	•	O
Can be left alone overnight	O	O	•	O	O	0
Shy/timid	O	O	•	•	O	O
Hides from people/noises	O	O	O	O	•	0
Enjoys pets	0	0	0	0	O	O
Enjoys being held	O	O	O	O	•	0
Laid-back	0	0	0	0	O	O
Playful	O	O	O	O	•	0
Play-bites	O	O	0	O	•	O
Cuddly	O	O	•	O	O	0
Vocal	O	O	0	O	•	O
Wakes me up at night	O	O	•	O	O	0
Uses litterbox	O	O	0	O	•	O
Shows aggressive behaviour	O	O	O	O	•	0
Has petting aggression	0	0	0	0	O	O
Needs time/patience to blossom	•	•	•	O	O	0
Chews or scratches furniture	0	0	0	0	O	0

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GENERAL INFO

1. Have you ever owned cats or other animals before? • • Yes • • No
If yes, how long did you have your animals for?
2. If the animal(s) is/are no longer around, what were the circumstances of their passing?
3. Have you ever surrendered/rehomed an animal? • Yes • No
If yes, why?
4. Would you consider declawing your cat? • Yes • No
5. Cats are a lifelong addition to the family, and as such will require investment of your time and money for medical care, grooming, appropriate food, water, proper shelter, clean environment, exercise, attention, affection, and protection from harm. Are you willing and able to provide the appropriate resources that your new pet requires? • • Yes • • No
6. Approximately how much do you think a cat will cost you annually? • • Food
O Toys/Comfort O Vet bill O Emergencies
Why are you interested in adopting a cat?
7. How many hours a day will your cat be left alone?
8. Where will your new cat be when you're not at home?
9. Under what circumstances would you surrender or return a cat?
O Too aggressive O Too fearful O Vocalization O Medical reasons
O Does not get along with current pets O New baby O Moving
O Other (please, specify):
10. This animal is not to be passed into other hands without our approval. Do you agree that if, for any reason, you cannot keep this cat, you will contact FCF? •• Yes •• No

Please, contact FCF one week in advance of return to allow us time to find a foster home.

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11. Do you have concerns arise?	•	you make the commitn No	nent to train your new pet sho	uld behavior
12. What behavio	oural issues are yo	u willing to work on?		
O Fear	O Aggression	O House/litterbox traini	ng	
O Scratchi	ng/biting O	Other (please, specify)	:	
O Not will	ing/able to work	on behavioural issues	O I/we need more info	to decide
-	2	our care under-socializ Are you willing to:	red, a change in their routine	and/or
Follow the routines	s currently used by f	foster parents?	O Yes	O No
Take our advice to	make the transition	as smooth as possible?	O Yes	O No
Keep the cat in one	room until they ge	t used to their new home?	O Yes	O No
Stay in the same ro	om with the cat ove	O Yes	O No	
Introduce the new	cat to other people/	O Yes	O No	
Keep in touch if yo	u have any question	ns or need help?	O Yes	O No
Any other comm	ents/remarks? _			
CORRECT. WE UVOIDING MY AS AND, IF NOT AP UNDERSTAND	JNDERSTAND TH PPLICATION. WE PROVED, NO EX	IAT ANY FALSE INFO UNDERSTAND THAT PLANATION OR JUST UT THIS APPLICATIO	MATION PROVIDED IS CON RMATION MAY RESULT IN FCF ADOPTION DECISION IFICATION IS NECESSARY. N DOES NOT GUARANTEE	FCF IS FINAL WE ALSO
Name:			-	
Signature:			-	
Date:			_	