

SAN ANTONIO FERAL CAT COALITION ADOPTION APPLICATION

Applicant name: _____
 Address: _____
 City, state: _____ Zip: _____
 Home phone: _____ Work phone: _____
 Home e-mail: _____ Work e-mail: _____
 Employer: _____ Occupation: _____

1. What type of cat are you interested in?

Male Female Kitten (under 5 months) Adult Long Hair Short Hair

Name of cat you are interested in: _____

Personality type: _____ Color: _____

2. How many people currently reside in your household? _____

3. Any children in the household? Yes No List ages: _____

4. For whom are you adopting the cat? Self Gift

5. Does any member of the family have any allergies to animals? Yes No

If yes, explain: _____

6. Who will be responsible for the cat's care? _____

7. Where do you live? Apartment Condo Farm Mobile home Townhouse House

8. Do you own or rent your residence? Own Rent

If you rent, what is name of landlord and phone number? _____

9. Are companion animals allowed? Yes No Not sure

10. Where will the cat be kept? Indoors only Outdoors only Both in/out

11. If outdoors, will the cat be attended unattended collar & tags?

12. Will anyone be home during the day? Yes No

13. How many hours will the cat be left unattended? _____

14. When no one is home, where will the cat be kept? _____

15. If you move, what will you do with the cat? _____

16. How far from the road/traffic is your home/farm located? _____

17. Is the volume of traffic light moderate heavy?

18. Have you ever had a companion animal before? Yes No

19. Describe those companion animals you still care for or that are living in your household.

Name	Breed	Age	Sterilized? Y/N	Declawed? (cats) Y/N	Kept where	Time in your care

20. Describe those companion animals you no longer care for:

Name	Breed	Age	Sterilized? Y/N	Declawed? (cats) Y/N	Kept where	Reason no longer in your care

21. Are your companion animals current on their vaccinations? () Yes () No

22. Please provide name of your veterinarian: _____

23. Please provide telephone number of your veterinarian: _____

24. Are you financially able and willing to provide annual checkups, vaccinations, and ANY medical care necessary? () Yes () No

25. If you have a dog, is he/she permitted to run loose? () Yes () No

26. What precautions would you take to properly introduce a new cat into your home if you have other animals (a dog, bird, rabbit, another cat, etc.)? _____

27. What will you do if your new cat does not get along with your present companion animals? _____

28(a). Are you planning to declaw your adopted cat? () Yes () No () Not sure

28(b). Are there any circumstances that would make you decide to declaw your adopted cat? () Yes () No () Not sure

29. Have you ever adopted an animal from a rescue/animal control agency? () Yes () No

30. Have you ever had an adoption application rejected for an animal from a rescue/animal control facility? () Yes () No
If yes, explain: _____

31. Why do you want to adopt a cat? _____

32. If a disciplinary or behavior problem arises, what steps will you take to work on it? _____

33. Are you familiar with your local animal control laws? () Yes () No

34. Are you willing to sign legal pet adoption papers? () Yes () No

35. Do you agree to permit a visit to your home/farm by appointment? () Yes () No

By signing this form, I/we acknowledge that all information on this form is true and correct. I/we understand that any misrepresentation of fact may result in San Antonio Feral Cat Coalition refusing adoption privileges to me/us. If my/our request for adoption is approved and later San Antonio Feral Cat Coalition discovers the above information is not true or correct, San Antonio Feral Cat Coalition reserves the right to remove the adopted cat from my home/farm.

Signature _____ Date _____