Friends of Feral Felines

Kitten Adoption Application

Complete the below application and send to foffsect@gmail.com with the email subject "Adoption Application"

Adopting a kitten is a long-term commitment. Indoor cats can live for 20 years, sometimes even longer. At a minimum, your cat will require food and shelter, frequent cleaning of cat litter, periodic vet visits, and affection. If he/she is injured or becomes ill, medical expenses can be significant. Changes in your living circumstances can elicit behavioral problems in your cat that require patience and persistence to resolve. A cat given to a child will not be able to follow the child into a dorm or, often, into a rental. Before completing this application, please seriously consider both your willingness AND ability to provide for a pet—for possibly TWO DECADES!

Personal Information:

Name:		Phone #:	Phone #:			
Street Address:						
City:	State:	Zip:				
Employer:						
Household Members: Number of adults (including yourself)						
Number of children and their ages						
Where do you live? 🗆 Apartme	ent 🗆 Condo	House Other				
Do you own or rent your residend	ce? 🗆 Own	🗆 Rent				
If you rent, what is the name and phone number of the landlord?						

Prior Pet History:

List animals, by name, that have been part of your family during the last 10 years. Please indicate the status of each using all applicable codes listed below:

0 – Still with me	2 – Gave away	4 – Sold	6 – Euthanized
1 – Deceased	3 – Lost/ Ran away	5 – Gave to shelter	7 – Other (please explain.)
Explanation:			

Pet's Name	Species	Status
	Cat Dog Other	

	Cat	Dog	Other				
	Cat	Dog	Other				
Where will your pet be kept?	🗆 Indoo	ors 🗆	Outdoors	Both Indoors and Outdoors			
Is Niantic Animal Hospital your current or most recent veterinary facility? □ Yes □ No If "no," who was/is your most recent veterinarian? Are you currently bringing pets to that veterinarian? □ Yes □ No							
best of my knowledge. I author certify that my current living	ize Niantic situation 'her up-to-	Animal allows d date on	Hospital to co cats on the p vaccines. I un	ion are true and accurate to the ntact my previous veterinarian. I premises. I will spay/neuter my derstand false statements by me			
Signature:							
Date:							
BELOW INFORMATION FOR OF	FICE USE O	NLY:					
ID Check							
Vet Check							
Comments/Important informa	ation						
□ Approved	□ Co	nditiona	al Approval	Denied			
Ву:			Da	te:			
Animal Applicant interested in adopting (please list name, identifying marks or colors):							