



Feline Adoption Application

Please complete all shaded areas. Incomplete forms may not be processed.

Name:	Date:
Address:	City/State/ZIP:
Home Phone:	Mobile:
Email:	
Name of cat(s) in which you are interested:	
Reason for adoption: <input type="checkbox"/> Barn Cat <input type="checkbox"/> Breeding <input type="checkbox"/> Child's Pet <input type="checkbox"/> Companion for Current Pet <input type="checkbox"/> Family Pet <input type="checkbox"/> Gift	
Dwelling type: <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Duplex <input type="checkbox"/> House <input type="checkbox"/> Mobile Home <input type="checkbox"/> Townhouse	
Number of people in household:	Length of time at current address:
Ownership Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with a Friend or Family Member	Are there any children in the home: <input type="checkbox"/> Yes <input type="checkbox"/> No
If you rent, are cats allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Agnes:
How many:	Who are the person(s) responsible for the daily care of pet(s):
Is the pet deposit paid: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 years of age or older: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently own any pets: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type/Quantity: <input type="checkbox"/> Cats/#: <input type="checkbox"/> Dogs/#: <input type="checkbox"/> Other:
What are your current pets' breeds and ages:	What is the name of your veterinarian (including clinic name):
Are your pets current on all vaccinations: <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you new pet(s) be kept current: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are your current pets spayed or neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why:	How do you feel about cats living strictly indoors:
Where do your current cat(s) live: <input type="checkbox"/> Inside <input type="checkbox"/> Outside	Where will your new cat(s) live: <input type="checkbox"/> Inside <input type="checkbox"/> Outside
Where do your current cat(s) sleep: <input type="checkbox"/> Inside <input type="checkbox"/> Outside	Where will your new cat(s) sleep: <input type="checkbox"/> Inside <input type="checkbox"/> Outside
On average, how many hours per day will your new cat(s) be unsupervised:	Will you consider adopting a companion, especially if you have no current pets: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
What arrangements will you make for your cat(s) if you need to be away from home overnight: <input type="checkbox"/> Boarding <input type="checkbox"/> Pet Sitting <input type="checkbox"/> Other:	How will you handle scratching or destructive behavior:
How do you feel about declawing:	Have you ever had a cat declawed: <input type="checkbox"/> Yes <input type="checkbox"/> No Why:
Are your current cat(s) declawed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Yet	Will your new cat(s) be declawed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
Have you ever had to give up a pet before: <input type="checkbox"/> Yes Willingly <input type="checkbox"/> Yes Unwillingly <input type="checkbox"/> No	Animal: Why: What did you do with the animal:
What happened to your most recent cat that you no longer have:	Have you had a cat die on your premises on the last 3 months: <input type="checkbox"/> Yes <input type="checkbox"/> No
Cause of Death: <input type="checkbox"/> Age <input type="checkbox"/> Distemper <input type="checkbox"/> FIP <input type="checkbox"/> Leukemia <input type="checkbox"/> Rabies <input type="checkbox"/> Unknown <input type="checkbox"/> Other:	Are you willing to go to the expense and trouble of taking your new cat(s) to a veterinarian for full preventative and medical care at least once a year: <input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone in your household have animal allergies or asthma: <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are unable to keep the cat(s) for any reason, will you return the cat(s) to us: <input type="checkbox"/> Yes <input type="checkbox"/> No
Will you notify us if the cat(s) develop any health problems or illness at the onset of the problem if they occur within the first week of adoption: <input type="checkbox"/> Yes <input type="checkbox"/> No	If requested, will you allow an authorized JPR representative to visit your home (by appointment only) so we can see how you new cat(s) are adjusting? <input type="checkbox"/> Yes <input type="checkbox"/> No

By signing here, I am attesting to the truthfulness of my answers:

Signature: _____

Next Step: Email the completed document to JPR@jenniferspetrescue.com.