

Fluffy's Friends Adoption Application

Name

First Last

Address

City State Zip Code

Phone Number Home - -

Phone Number Work - -

Phone Number Cell - -

Email Address:

Personal References: (please list one relative not living with you):

First Name Last Name

Phone Relationship

First Name Last Name

Phone Relationship

Veterinarian:

Name

Clinic

Phone

How did you hear about Fluffy's Friends?

Name of cat you want to adopt

To ensure that this adoption is in the best interest of both you and the cat you selected, we ask that you answer the following questions:

Do you live in (choose one)

House Apartment Condo/Townhome Modular/Trailer Home

Other

Do you (choose one) Own Rent/Lease

Name of complex & phone number

Are you planning to move in the next six months? Yes No

What will happen with this cat if you move unexpectedly?

How many hours during the average day will your cat be without a human?

Do you want this cat to be (choose one):

Inside only Outside only Both

Does your home have a cat door?

Yes No

Do you have a fenced in backyard?

Yes No