

Fluffy's Friends, Inc.
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	Neutered?	Kept where	Time in your care

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

Name	Breed	Age	Neutered?	Kept where	Time in your care	Reason no longer with you

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. Are you planning on declawing? 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 application rejected for adoption of 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 **Fluffy's Friends, Inc.** refusing adoption privileges to me/us. If my/our request for adoption is approved and later **Fluffy's Friends, Inc.** discovers the above information is not true or correct, **Fluffy's Friends, Inc.** reserves the right to remove the adopted cat from my home/farm.

Signature _____ Date _____

**Fluffy's Friends, Inc.
Adoption Agreement**

I AGREE THAT THE ANIMAL IS BEING ADOPTED FOR MYSELF AND WILL NOT BE SOLD, ADOPTED, OR GIVEN TO ANOTHER PARTY.

I AGREE TO CARE FOR THE ANIMAL IN A HUMANE MANNER AND BE A RESPONSIBLE ANIMAL GUARDIAN. THIS INCLUDES SUPPLYING ADEQUATE HOUSING, FOOD, WATER, ATTENTION, AND MEDICAL CARE.

I UNDERSTAND THAT FLUFFY'S FRIENDS, INC. MAKES NO GUARANTEE ABOUT THE PET'S TEMPERAMENT AND IS NOT RESPONSIBLE FOR FUTURE DAMAGES OR INJURIES CAUSED TO OR BY THIS CAT.

I GIVE FLUFFY'S FRIENDS, INC. PERMISSION TO CALL MY HOME AT ANY REASONABLE TIME TO FOLLOW UP ON HOW THE ADOPTION IS WORKING.

I UNDERSTAND THAT FLUFFY'S FRIENDS, INC. IS ONLY RESPONSIBLE FOR THE FOLLOWING: RABIES AND FVRCP VACCINATIONS (IF A KITTEN, ONLY FIRST SET) PLUS the SPAY/NEUTER OF THE PET. ANY OTHER MEDICAL REQUIREMENTS WILL BE MY RESPONSIBILITY AS THE OWNER OF THIS PET.

I AGREE THAT AT THE TIME OF ADOPTION THE CAT/KITTEN APPEARED HEALTHY AND ALL SHOT RECORDS/MEDICAL RECORDS WERE PROVIDED TO ME AT THE TIME OF ADOPTION.

I AGREE TO ALLOW FLUFFY'S FRIENDS, INC. TO USE PICTURES OF MY PET ON THEIR WEBSITE AND IN ANY PROMOTIONS THEY MAY HAVE IN THE FUTURE.

I UNDERSTAND THAT IF FOR ANY REASON THE ADOPTION DOES NOT WORK OUT, I SHALL CONTACT FLUFFY'S FRIENDS, INC. TO DISCUSS THE RETURN OF THE PET. IF THIS PET IS RETURNED, FLUFFY'S FRIENDS, INC. WILL NOT PROVIDE ANY REFUND.

SIGNATURE OF ADOPTER

DATE