



Feline Underground Rescue
 Voicemail or Text: 951-400-2019
 Fax: 267-636-4086
 Email: adoptFURcats@gmail.com
 www.felineundergroundrescue.com

Cat Choices #1: #2: #3: Or ?

Cat Adoption Application

Please Print Clearly

Name: _____ Date: _____

Name(s) of Spouse/Roommate/Other Adults In Home: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (1st) _____ (2nd) _____ Text ok? _____

Email: _____

Occupation: _____ Spouse's Occupation: _____

1. Do you rent? Yes No If Yes, please provide contact info for Landlord: _____
 (Please note, a home check by a FUR representative may be required in order to complete the application process)

2. Are there any children that would live with the cat? Yes No If so, how many are under the age of 5? _____
 How many are over the age of 5? _____

3. Where will you keep your cat's litter box?(Please be specific) _____

4. Where will this animal spend its time? Outdoors Indoors Partly Indoors/Partly Outdoors
 Please explain **why**: _____

5. Do you have a pet door? Yes No If yes, where does it lead to/from? _____

6. How many hours per day will this cat be left alone, and where will it be kept during this time? _____

7. Is anyone in your house allergic to animals? Yes No If yes, are they on medication that can control the allergies? Yes No

8. If you've had a pet before, what happened to them? (If deceased, please state **cause of death, age at death, and how long ago**): _____

9. Do you currently own any animals? # **and breed** of Dogs: _____ # of Cats: _____
 Have they all been spayed or neutered? Yes No Have all other cats been tested for Feline Leukemia (FeLV)? Yes No

10. What is your plan for this cat should it become sick or injured? _____
 Do you have a veterinarian? Yes No If so, please provide their name or clinic name? _____

11. Cats have been known to claw furniture, carpet and drapes, dig in potted plants, etc. **How** do you plan to deal with these potential problems?

12. Do you plan to de-claw your cat(s)? Yes No **Why or Why Not?** _____

13. How do you plan to provide for the cat(s) when you are travelling or out of town? _____

14. What will happen to the cat(s) if you: Move *Locally*: _____ *Out of state*: _____ *Overseas*: _____
 Get Married/Divorced: _____ New Baby: _____ New Job: _____

15. Under what circumstances would you **not** keep this cat? _____

16. Are you prepared to accept the responsibility of caring for this cat for his or her ENTIRE life? Yes No
 In the event that you become ill, or the cat outlives you, what would become of the cat? _____

17. Why do you want this cat? _____

PLEASE UNDERSTAND THAT APPLYING DOESN'T GUARANTEE THAT YOU WILL BE SELECTED TO ADOPT THIS ANIMAL. BY SUBMITTING THIS APPLICATION YOU CERTIFY THAT THE ABOVE IS TRUE, AND THAT ANY FALSE INFORMATION MAY RESULT IN NULLIFYING THE ADOPTION. PLEASE ALLOW UP TO 48 HOURS AFTER SUBMITTING YOUR APPLICATION FOR AN ADOPTION COUNSELOR TO CONTACT YOU.