



**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 ?
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### Cat Adoption Application

**Please Print Clearly**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (1<sup>st</sup>) \_\_\_\_\_ (2<sup>nd</sup>) \_\_\_\_\_ 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. What portion of the time will the cat be: Indoors \_\_\_\_\_ 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 24 HOURS AFTER SUBMITTING YOUR APPLICATION FOR AN ADOPTION COUNSELOR TO CONTACT YOU. MUST BE AT LEAST 18 YEARS OF AGE TO APPLY.**