



## Adoption Form

Private home-to-home adoption is available from FosterCat, Inc.

In order to be considered for an adoption today, you must:

1. Be at least 21 years of age.
2. Be the person primarily responsible for the cat to be adopted at the address where the cat will be housed.
3. Have legal identification with your current address.
4. Be able to verify that you can have a pet where you live.
5. Understand that FosterCat, Inc. reserves the right to deny the adoption of any pet for any reason.

Pet ownership is a major responsibility, and one that should not be taken lightly. In FosterCat's ongoing effort to find the best possible homes for all of its animals, we ask that you take the time to fill out this questionnaire and expect to spend time discussing it with one of our adoption representatives before the adoption is completed.

### Please provide the following information:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

PA Driver's License # \_\_\_\_\_ Exp. date (MM/YY) \_\_\_\_\_

If there is a specific FosterCat cat or kitten you are interested in, please enter its name here: \_\_\_\_\_

How long have you lived at this address? (ie. 3yrs, 6mos) \_\_\_\_\_

#### Do you live in a:

- House
- Apartment
- Mobile Home
- Other

*If you rent, we will need to verify that you are permitted to have pets. Please enter:*

Landlord's Name \_\_\_\_\_

Landlord's Phone Number \_\_\_\_\_

Landlord's Address \_\_\_\_\_

**Why do you want to adopt a companion animal?** \_\_\_\_\_

#### Have you ever adopted from FosterCat, Inc.?

- Yes
- No

Date of Adoption \_\_\_\_\_

**Have you ever adopted from a shelter?**

Yes  No

If yes, shelter name \_\_\_\_\_

Date of Adoption \_\_\_\_\_

**Please list the veterinary clinic you currently use:**

Clinic Name \_\_\_\_\_

Veterinarian's Name \_\_\_\_\_

Clinic Phone \_\_\_\_\_

**FosterCat routinely contacts applicants' veterinarians as part of our adoption screening process.** Do we have your permission to contact your veterinarian to verify your pet(s) health records and vaccination status?

Yes  No

**Do you plan to have your cat or kitten declawed?**

Yes  No

If yes, why? \_\_\_\_\_

**Describe the declawing process.** \_\_\_\_\_

\_\_\_\_\_

**Do you have animals at home?**

Yes  No

If yes, what kind of animals? \_\_\_\_\_

How many? \_\_\_\_\_

**Have you been the caretaker for other animals in the past five years?**

Yes  No

If so, where are the animals now? \_\_\_\_\_

\_\_\_\_\_

**Are there children at home?**

Yes  No

If yes, ages of children \_\_\_\_\_

**Are there other adults at home?**

Yes  No

**Does everyone in the household want this cat/kitten?**

Yes  No

**Is anyone in the household allergic to cats?**

Yes  No

**Who will be primarily responsible for this cat/kitten?** \_\_\_\_\_

\_\_\_\_\_

**How many hours are you away from home each day?** \_\_\_\_\_

\_\_\_\_\_

**Will this cat/kitten be:**

- Indoors only     Indoor/outdoor     Outdoors only

**Where will this cat/kitten stay?**

- During the day?     At night?

**Who will take care of this animal in your absence (i.e., vacation, emergencies)?**

**How long do you plan to provide a home for this animal?** \_\_\_\_\_

\_\_\_\_\_

**How much do you think it will cost each month to provide necessary medical care and to cover the costs of feeding and caring for this pet?** \_\_\_\_\_

\_\_\_\_\_

**FosterCat, Inc. reserves the right to perform a home visit before and/or after adoption.** Do you object to your visiting your home now or some time in the future?

- Yes     No

Any false information may result in nullifying the adoption.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please mail to:**

FosterCat, Inc  
P.O. Box 23414  
Pittsburgh PA 15222-6414

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