

FOUR PAWS ANIMAL FOUNDATION - P.O. Box 8260, Bartlett, IL 60103

PHONE: (630) 289-0478

E-Mail mrkoko@earthlink.net

CAT/KITTEN ADOPTION APPLICATION - Id # or Name _____

! This application form must be completed before meeting a cat/kitten for possible adoption and reviewed by the adoption committee before a final adoption can take place.

Our organization takes responsibility for orphaned stray cats/kittens. We seek **permanent, responsible, and loving homes** where our "special" cat/ kitten can live a **long, happy** and **healthy** life and therefore ask potential adopting families to fill out this questionnaire so that a **good "match"** can be made for both the cat and the potential adopting family.

! Potential adoptee must be **21 years or older and employed**. A driver's license may be required to show proof of age.

! We require all family members to be present at the pre-adoption viewing.

! Due to the fragile nature of **kittens** we **do not adopt to families with children under the age of 5**.

! **Spay/neutering of animals adopted** from a Humane Society is required by the State of Illinois Animal Welfare Act and Adoptee(s) hereby agrees to do so.

! A **sturdy pet carrier** must be provided to take the cat/kitten home.

! The Foundation reserves the right to refuse any adoption we may find unsuitable for one reason or another.

Name: _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **E-mail:** _____

! Please indicate your age group: Under 21 21 - 40 40 - 60 over 60

! Number of adults in household: _____ Number of children: _____ Ages: _____

! I want a cat for: Companionship Company for another pet A Mouser Other: _____

! Have you had experience with raising a kitten? Yes No
Would you consider adopting 2 kittens together? Yes No

! Is the cat/kitten for you and your family? Yes No
If not, for who? _____

! Where will you keep your cat? In house Outside Work Basement Garage
 Other: _____

! Do you plan to declaw? Yes No If so, Two Paw Four Paw

! Does the entire family want a cat? Yes No

! Will all family members be present for the adoption? Yes No

! Does anyone in your household have allergies? Yes No

! Do you have pets at home now? Yes No

! **CAT(s):** How many? _____ Indoor Outdoor Age _____ Female Male
Spay/neutered: Yes No Current on vaccinations? Yes No Declawed: Yes No

! **DOG(s):** How many? _____ Age _____ Spay/neutered: Yes No.
Breed: _____

! Your veterinarian's name: _____ Phone: _____

May we call him/her for a reference? Yes N

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! Do You Rent Own

Live in: House Townhouse Condo Apartment Mobile Home Live with relatives

A copy of a rental lease or town home bylaws stating pets are allowed will need to be provided.

If renting, are pets allowed? Yes No

! Name of Landlord: _____ Phone: _____

I certify that the information provided is complete and correct to the best of my knowledge. The undersigned, along with those persons accompanying me, assume any risk or injury which may be incurred as a result of viewing any animal in the custody of Four Paws Animal Foundation and housed at the Hanover Park Animal Care Center.

Signature: _____ Date: _____