**CARBON COUNTY FRIENDS OF ANIMALS**

**77 West 13th Street, Jim Thorpe, PA 18229 - 570-325-9400**

**FELINE ADOPTION APPLICATION**

**ADOPTERS MUST BE 18 YEARS AND OLDER**

**OFFICE USE ONLY**

Cat’s ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cat’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex\_\_\_\_\_\_\_\_\_\_\_

Cat’s ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cat’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex\_\_\_\_\_\_\_\_\_\_\_

**Office Use Only**

**PLEASE PRINT CLEARLY Application:**

***Photo ID required at time of application* Approved / Denied**

**Date:**

**We hope you thoughtfully consider each of the questions asked. Adoption of a pet should not be impulsive but rather a carefully made decision which will ensure a loving and lasting relationship.**

**We require at least 72 hours to review your application for adopting a feline.**

***\*\*\*Are you giving this Feline as a gift? Yes No***

***\*\*\*If Yes, please complete Page 4 of Feline Adoption Application. All questions must be answered.***

Applicant’s Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If unemployed, or a student, please list your source(s) of income:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Landlord: Approved / Denied Date:**

**HOUSEHOLD INFORMATION**

What is your living situation? Own Home Parent’s Home Rent Dorm Farm

Are you willing to provide proof of a mortgage/homeownership? Yes No

How long have you lived at this current address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you in the process of moving, or anticipate moving in the next few month?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you ever move, have you considered that another place may not allow pets? What will you do if this happens?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you rent, are pets allowed? Yes No Provide Landlord’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*We must contact your landlord before feline is able to leave facility*.)

Describe your household environment: Quiet Average Active Noisy

Does anyone in your household have asthma or allergies to felines? Yes No

What if someone in your household develops allergies to this pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you able to make a lifelong commitment to care for this feline? Yes No

Are you able to provide vet care, proper diet, proper shelter, and grooming for this feline? Yes No

Are you aware that **some** **cats require a period of a week, even months to adjust** to their new home/environment/family/other pets? Are you willing to allow for this adjustment period? Yes No

**List names and ages of ALL people living in the home, and relationship to you (spouse, partner, roommate, daughter, etc.) Failure to fully disclose this information will result in immediate adoption denial.**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has anyone in your household ever been convicted of animal cruelty, neglect, or abandonment? \_\_\_\_\_\_\_\_

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**PET INFORMATION**

Have you ever owned a cat before? Yes No

Will this cat be allowed outdoors? Yes No

Please estimate what you think it costs to provide vet care yearly for a **healthy** cat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you plan on declawing your cat? Yes No

Adoptions may require a home visit. May we visit your home before an adoption? Yes No

Do you know the laws of ownership for vaccinations, spay/neuter and license required? Yes No

Tell us how you feel about having your pet spayed or neutered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you adopt a kitten, will you have it spayed/neutered before/at 6 months of age? Yes No

**REFERENCES**

Please list 2 references. One reference must not be related/reside in same household as applicant.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_

**Veterinarian: Approved / Denied Date:**

**VETERINARIAN INFORMATION**

Veterinarian/Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would the records be under another name other than the person applying?

If so, Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have other veterinarians that may have records for your current or past pets?

If so, Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we have permission to contact your veterinarian(s) regarding your application?

Yes (please contact your veterinarian within 24 hours to give permission)  No

Please list pets that you have now or have had within the past 5 years:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Pet Name | Type:  (Cat, Dog, Etc.) | Age | Sex | Spayed/  Neutered | Kept Where | Current Status |
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***\*Please note that any current animals living in your home must be up-to-date on their Rabies and Distemper vaccines and must be Spayed/Neutered.***

Are your pets current on vaccines and vet care? Yes No I don’t know

\*Proof of current vaccinations is required. \*Proof of spay/neuter certificate may be required.

***Please email Vaccine and Spay/Neuter proof to: ccfoa.shelter@gmail.com***

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**PREVIOUS AND CURRENT PET INFORMATION**

Have you ever had a pet: Run away\_\_\_\_\_ Get hit by a car\_\_\_\_\_ Die in your care\_\_\_\_\_

Kept as an outdoor pet\_\_\_\_\_

If so, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever given away or surrendered an animal to a shelter or private party? Yes No

If yes, please explain why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have a dog, is your dog friendly around cats? Yes No I don’t know

Have you lost a cat in the past year due to death or another reason? Yes No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ACKNOWLEDGMENT AND RELEASE**

**Please initial each statement confirming your agreement and understanding.**

\_\_\_\_\_I understand that CCFOA is not able to guarantee the health or temperament of this animal and that

the adoption fee(s) are not refundable.

\_\_\_\_\_I understand and accept that authorized employees of CCFOA sometimes will do follow-up visits to an

adopter’s home to check on the care the animal is receiving and can remove the animal if unsatisfied

with the viewed conditions.

\_\_\_\_\_Unanswered questions, incomplete answers, and/or false information may result in this animal’s

adoption application being denied. The Carbon County Friends of Animals reserves the right to refuse

adoptions.

\_\_\_\_\_I/We give permission for CCFOA to verify this information through any available means.

***By signing below, I am agreeing that all of the information I have provided is accurate and correct.***

***I understand that if references and veterinary checks do not correspond with the information I have provided, I will be denied adoption of a feline.***

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Office Use Only** **CASH $\_\_\_\_\_\_\_\_\_\_ CHECK #\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_**

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Revised: November 2022

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**PERSON RECEIVING FELINE AS GIFT:**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSEHOLD INFORMATION:**

Own Home \_\_\_\_

Rent\_\_\_\_\_ Landlord’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CURRENT/PAST PET INFORMATION:**

**Please list current pets or pets had within the last 5 years:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Pet Name** | **Cat, Dog, Etc.** | **Age** | **Sex** | **Spayed/Neutered** | **Current Status** |
|  |  |  |  |  |  |
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Are pets current on vaccines? \_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_I don’t know

Is dog friendly around cats? \_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_I don’t know

**Veterinarian Information:**

Veterinarian/Clinic:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on Account if different than above:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Office Use Only**

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPROVED / DENIED DATE:**

November 2022

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