



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
ADOPTION FEES WILL NOT BE REFUNDED

<u>OFFICE USE ONLY</u>			
Cat's ID _____	Cat's Name _____	Sex _____	
Cat's ID _____	Cat's Name _____	Sex _____	

Office Use Only

Application:

Approved / Denied

Date:

PLEASE PRINT CLEARLY

Photo ID required at time of application

Adoption of a pet should not be impulsive but rather a carefully made decision which will ensure a loving and lasting relationship. Please consider each question thoughtfully and answer truthfully.
We require at least 72 hours to review your application for adopting a feline.

Applicant's Name(s): _____ Driver's License #: _____
 Address: _____ City: _____ State: _____ Zip: _____
 E-mail: _____ Phone: _____

Office Use Only:

Landlord: Approved / Denied Date:

HOUSEHOLD INFORMATION

What is your living situation? Own Home Parent's Home Rent
 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.)
 Does anyone in your household have asthma or allergies to felines? Yes No
 What if someone in your household develops allergies to this pet? _____
 Has anyone in your household ever been convicted of animal cruelty, neglect, or abandonment? _____

PET INFORMATION

Have you ever owned a cat before? Yes No
 Will this cat be allowed outdoors? Yes No Undecided
 If yes or undecided, under what conditions: _____

 If you adopt a kitten, will you have it spayed/neutered at 6 months of age? Yes No
 The average cat has a life expectancy of 12-20 years. Are you prepared to make a lifelong commitment to care for this cat? 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
 What will happen to your pets in the unlikely event that you can no longer care for them? _____

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: _____

REFERENCES

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

Reference #1

First Name: _____ Last Name: _____

Phone: _____ Relationship: _____

Reference #2

First Name: _____ Last Name: _____

Phone: _____ Relationship: _____

Office Use Only:

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 ^{Cats} ~~pets~~ that you have now or had in your home for the past year.

Pet Name	Type: Dog/Cat	Age	Sex	Spayed/ Neutered	Kept Where	Current Status Alive/Deceased/Rehomed
			M / F	Yes / No	Indoor / Outdoor	
			M / F	Yes / No	Indoor / Outdoor	
			M / F	Yes / No	Indoor / Outdoor	
			M / F	Yes / No	Indoor / Outdoor	
			M / F	Yes / No	Indoor / Outdoor	
			M / F	Yes / No	Indoor / Outdoor	
			M / F	Yes / No	Indoor / Outdoor	

***Please note that any current cats living in your home must be up-to-date on their Rabies and Distemper vaccines and must be Spayed/Neutered.**

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.

_____ 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.

_____ I/We give permission for CCFOA to take a picture of myself and my adopted cat and have it posted on Facebook.

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: _____

Office Use Only

CASH \$ _____ CHECK # _____ \$ _____

Comments: _____

Revised: March 2024