

animal
fair Foundation for Animals In Risk

PO Box 2494 Sedalia, MO 65302 (660) 826-5680 cats petslive@iand.net

Sedalia FELINE Adoption Application

We appreciate you completing the questionnaire. Please understand that we are seeking permanent, compatible homes for our animals that have already lost their homes and security at least once. Completion of this form does not constitute a contractual agreement between the applicant and FAIR. This documentation is and remains the property of FAIR once it is completed. **Thank you**

Your name(s) _____ Are you 21 or older Y//N

Home address _____ City _____ State _____ Zip _____

Home phone _____ Work phone _____ Cell phone _____

E-Mail address _____ Occupation _____

Do you: Own your home _____ Purchasing home _____ Rent _____ Live w/parents _____ Other _____

If you rent: name of complex, landlord & phone# _____

Are pets allowed? Y/N Deposit fee _____ Monthly fee _____

List other members in your home and ages of children _____

Is anyone in your home allergic to cats? Y/N If yes, please explain _____

Does every household member know you are adopting a cat today? Y/N If not, why not _____

Have you adopted from **FAIR** before? Y/N If yes, who? _____ Do you still have this pet? Y/N

Will this cat be a companion for yourself _____ a child _____ a playmate for another cat _____ a dog _____

What pets have you had in the past 5 years? #dogs _____ #cats _____ Where are these pets now? _____

If you currently have dog(s) or plan to get a dog(s), how will you ensure your new cat's safety? _____

Are your current pets spayed/neutered? Y/N vaccinations current? Y/N Micro chipped? Y/N

Are your cats tested negative for FIV & Feline Leukemia? Y/N

If NO, answered to any of the above, please explain _____

Who is your veterinarian? (list Dr. and/or clinic) _____

When was your last vet visit & why? _____

Do we have permission to contact your vet to obtain information about your pets? Y/N

If NO, why not? _____

Does your current income allow for immediate emergency care for your pets, as well as routine exams, preventive care and yearly vaccinations? Y/N

If NO, explain _____

What will you do with your new cat if: you move _____

go on vacation _____

are completely unable to care for this cat _____

Is this your first cat Y/N

How will you handle behavior problems: _____

Are you planning to declaw this cat Y/N

Are you aware of laser declawing Y/N

Where will your new cat sleep? _____

How many hours per day will it be without companionship? _____

Have you ever taken an animal to a shelter? Y/N

If yes, explain _____

Do you have any concerns about adopting this cat? _____

Under what circumstances would you not keep this cat? _____

Do we have your permission to contact you in the future about this cat? Y/N

List two close friends or family:

Name _____ phone number _____

Name _____ phone number _____

I agree that the above information is true and accurate to the best of my knowledge

Signed: _____

Date: _____

Adoption Volunteer _____ Date _____

O.K. To adopt Y/N

Reason for refusing adoption: _____

***** Email from your computer or send a picture, via your Smart Phone, of this completed form to:**

www.petslive@iland.net