

**Best Friends FurEver**  
**A Non-profit Community Service Organization**  
**Box 15083**  
**Humble, Texas 77346**

**Cat/Kitten Adoption Application**

Our goal is to place companion animals in permanent, loving homes. Please complete this application and contract so that **Best Friends FurEver** may assist you in finding a special, compatible companion to join your family. Please note that we do not adopt on a "first come, first served" basis, but rather make every attempt to match families with the most appropriate companion animals. WE RESERVE THE RIGHT TO DECLINE ANY APPLICATION.

**YOU MUST BE AT LEAST 21 YEARS OF AGE TO ADOPT AND YOU MUST ALSO BE RESPONSIBLE FOR MAINTAINING A HOUSEHOLD.**

**PLEASE DO NOT LEAVE ANYTHING BLANK. It will only slow the process down.**

DATE: \_\_\_\_\_ NAME OF CAT: \_\_\_\_\_

FIRST NAME; \_\_\_\_\_ LAST NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

SPOUSE'S/SIGNIFICANT'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ POSITION: (Be Specific as possible) \_\_\_\_\_

How long have you been employed in this position? (If under one yr., please list previous place of employment/phone number: \_\_\_\_\_

Work Hours: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

Spouse/Partner: Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work hours: \_\_\_\_\_

Name of Veterinarian: \_\_\_\_\_

Clinic name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you give us permission to contact vet? \_\_\_\_\_

References ( Person outside the home)

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

Relationship: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Do you own, rent, or lease? \_\_\_\_\_ House, apartment, mobile home, other: \_\_\_\_\_

Pet Deposit: \_\_\_\_\_ ( We will need confirmation of payment of any required deposit).

How long at this location? \_\_\_\_\_

Manager's name and phone number: \_\_\_\_\_

What characteristics are you looking for in a cat? \_\_\_\_\_

Do you have a babysitter in the home? \_\_\_\_\_ Have you discussed having a cat with them? \_\_\_\_\_

Are you familiar with the following diseases?

Feline Leukemia \_\_\_\_\_ Feline Aids(FIV): \_\_\_\_\_

Urinary Tract Infection \_\_\_\_\_ FIP \_\_\_\_\_

Heartworm in cats \_\_\_\_\_

How long with the animal be left alone during the day? \_\_\_\_\_

Where will the animal stay during the day? \_\_\_\_\_ night? \_\_\_\_\_

Where will the animal sleep? \_\_\_\_\_

What would be a good reason for allowing your pet outside? \_\_\_\_\_

Is this pet (circle one)

Inside Only

Outside Only

Inside and outside

Are you aware that pets shed year around? \_\_\_\_\_

What will you do with animal if you have to move? \_\_\_\_\_

How much do you anticipate spending yearly for animal's care and well-being?

\$100 \$200 \$300 \$400 \$500 Other: \_\_\_\_\_

Do you have an animal door? \_\_\_\_\_

Does every adult in the household agree in adopting this animal? \_\_\_\_\_

List everyone living the home and ages: \_\_\_\_\_

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Does anyone in the home have allergies? \_\_\_\_\_ What type of allergy: \_\_\_\_\_  
What would you do if you need to move to a place that does not allow pets? \_\_\_\_\_

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Do you want a pet for: ( circle all that applies)

House pet                      Gift                                      Companion for Elderly Family Member \_\_\_\_\_

Barn pet                      Child's pet

Family pet                      Companion for other pet

**Circle all viable reasons to give a pet up:**

Moving

Pet has fleas

Shy/Not Friendly

Vet Bills Too Expensive

Got too big

Having a baby

Clawing/biting

Where will you place the litter box? \_\_\_\_\_

Do you have a pet door? Yes    No

What brand of food will you feed your pet? Dry \_\_\_\_\_ Wet \_\_\_\_\_

What would you do if your pet exhibited the following behavior:

Clawing furniture: \_\_\_\_\_ Marking territory \_\_\_\_\_

Jumping on unwanted areas: \_\_\_\_\_

Difficulty adjusting to your household: \_\_\_\_\_

Do you intend to declaw your cat? Yes    No    Would you consider alternatives? Yes    No

Please provide info for whomever would take over the care of your companion animal if you became incapable of doing so or upon your death and contacting the rescue. ( Please list someone outside the household) Please provide their information below.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

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

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

Do you give permission for a *Best Friends FurEver* representative to visit your home prior to adoption to do a home check and after adoption to do follow up checks on this companion animal? \_\_\_\_\_

**Please list all animal CURRENTLY owned:**

Dog/Cat	Spayed/Neutered	Sex	Last Vet Visit	Age	Inside/Outside

**Please list 3 animals PREVIOUSLY owned:**

Dog/Cat	Spayed/Neutered	Sex	Last Vet Visit	Age	Inside/Outside

Please answer completely and truthfully. Failure to provide accurate information can result in revocation of the adoption at any time by Best Friends Furever. By completing this form the undersigned gives permission to Best Friends Furever to verify information contained in the application, and further release Best Friends Furever from any and all liability associated with this application or the adoption process.

We attest that completion and submission of this application does not guarantee adoption of pet.

Signature: \_\_\_\_\_

Print: \_\_\_\_\_

