



Metro Ferals Inc. • P.O. Box 7138 • Arlington, VA 22207
 Phone 703-528-7782 • Fax 703-527-9007
 www.MetroFerals.org

Name of Cat(s) _____

Foster Home _____

APPLICATION FOR ADOPTION

This form is not only to provide proper education on the commitment of owning a new cat/kitten, but to ensure that you understand the full responsibility of the care involved with your new pet.

Name _____ ID _____

Address _____

Home Phone _____ Work Phone _____

What type of cat do you desire?

- House cat Companion Shop Cat Mouser Company for other pet

Do you prefer: Male Female Short hair Long hair Kitten Adult

Personality type? _____

List all reasons you would like to adopt a cat/kitten: _____

Names of cat(s)/kitten(s) you are interested in now: _____

How long have you been at your present address: _____ Are you planning to move in the next six months:

Would you cat go with you if you moved: _____

Do you: rent own apartment house mobile home

If you rent, what is your landlord's name and phone number? _____

How many adults live in your household? _____ Children _____ Ages of Children _____

If your family status changed (married, divorced, new baby) would you keep your cat? Yes No

List pets you currently have:

Pet	Breed	Age	Neutered	Kept Where	Time Owned
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

Are your pets current on their vaccinations? Yes No

Have your cats been tested for feline leukemia and AIDS? Yes No

Have you ever had a cat declawed? Yes No Will you be declawing your new cat? Yes No

List pets owned in the last 5 years that are not now with you:

Pet	Age	Neutered	Kept Where	Reason no longer with you
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

If you have ever lost a pet, had a pet die at an early age or due to an accident, please give details:

Name, address and phone number of your veterinarian: _____

Are you financially able and willing to provide annual checkups, vaccinations, and ANY medical care necessary? Yes No

Where will the cat be kept during the day? _____

Where will the cat sleep? _____

and eat? _____

Where will you keep the litter box? _____

How many hours a day will you spend with the cat? _____

Will you let the cat outside? Yes No If yes, attended unattended

Collar? Yes No Tags? Yes No Do you have a fenced yard? Yes No

If your cat gets lost, in addition to contacting Metro Ferals, Inc. @ 703-528-7782, what steps would you take to find it? _____

How long are you willing to allow the new cat to adjust to its new home? _____

What will you do if your new cat does not get along with your present pet(s)? _____

How will you care for your cat if you go away for the weekend? _____

go on vacation, or away on an emergency? _____

By signing this form, I/we acknowledge that all information on this form is true and correct I/we understand that any misrepresentation of fact may result in Metro Ferals, Inc. refusing adoption privileges to me/us. If my/our request for adoption is approved and later Metro Ferals, Inc. discovers the above information is not true or correct, Metro Ferals, Inc. reserves the right to remove the adopted cat from my home.

Signature _____ Date _____