

Applicant DL#: \_\_\_\_\_



**For the Love of Cats**  
ADVOCATES FOR TNR AND COMMUNITY CATS

## FOR THE LOVE OF CATS ADOPTION APPLICATION

In an effort to provide the best possible pet adoption and the perfect match for you, we ask that you complete this application. An unwise adoption can result in an unpleasant experience for both the adoptive family and the cat, and can make placing a returned animal more difficult. We have the right to refuse any adoption that we feel is not in the best interest of the animal. This application does NOT guarantee an adoption. All adoption fees are considered a donation and are non-refundable. Please make sure you and your family are ready for the expense, work, and commitment needed to ensure the “purr-fect” adoption.

Name of Cat(s) or Kitten(s) you're applying for: \_\_\_\_\_

First & Last Name: \_\_\_\_\_ Spouse's/Partner's Full Name: \_\_\_\_\_

Address w/City, State, Zip: \_\_\_\_\_

Best Phone No.: \_\_\_\_\_ e-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

How many people live in your household? Adults: \_\_\_\_\_ No. Children/Ages: \_\_\_\_\_

Is anyone in household allergic to animals?  Yes  No If you move, will you take this animal:  Yes  No

Number of pets in your household Cats: \_\_\_\_\_ Dogs: \_\_\_\_\_ Other: \_\_\_\_\_

Are your current pets spay or neutered?  Yes  No If cats, are they declawed?  Yes  No

Will this cat be inside, outside or both? \_\_\_\_\_ Will you declaw this cat?  Yes  No

Have you had cat(s) in past 5 yrs?  Yes  No If no, reason: \_\_\_\_\_

Reason for adopting a cat(s) or kitten(s):  Pet/Companion  Gift  Other: \_\_\_\_\_

Do you own your home:  Yes  No If answer is no, please provide name and contact info for owner/landlord:

Primary Veterinarian \_\_\_\_\_ Phone No.: \_\_\_\_\_

The average lifespan of a cat is 12-15 years, are you willing to accept this commitment?  Yes  No

Are you prepared to assume financial responsibility for your new cat, including food, litter, and vet care?  Yes  No

Any questions you have about the cat(s) or kitten(s)? \_\_\_\_\_

**I AM 21 YEARS OF AGE** and certify the above information is true. I authorize FLOC to contact veterinarian and landlord to verify statements in this applicaiton. I have read and understand the FLOC adoption process and information provided.

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

We do not accept checks for adoptions. Payment may be made in the form of cash, credit card, PayPal or Venmo.

### FOR THE LOVE OF CATS USE:

Landlord/Vet Approval: \_\_\_\_\_

Adoption Kit with medical records

Adoption approved by: \_\_\_\_\_