Four Legs Good, Inc.   Application for Cat Adoption

Please return this application to Four Legs Good, Inc. PO Box 103, Pomona, NY 10970
or email to fourlegsgoodnynj@gmail.com

Applicant name:_____   Are you at least 21 years of age   Yes   No

Address (w/City, State): _____

Home phone: _____   Cell phone: _____

Email: _____

Preferences for cat interested in adopting:

1. Male   Female
2. Kitten (under 5 months)   Adult
3. Long Hair   Short Hair
4. Personality type: _____
5. Color: _____

For whom are you adopting the cat?   Self   Gift

Household information where cat will live:

1. How many people currently reside in household? _____
2. Any children in the household? Yes   No   If Yes, List ages: _____
3. Does any member of the family have any allergies to animals? Yes   No
    a. If yes, explain: _____
4. Who will be responsible for the cat's care? _____
5. Select Residence Type: Apartment   Condo   House
6. Is residence owned or rented? _____
    a. If you rent:
        i. Are companion animals allowed? Yes   No
        ii. Landlord Name _____
        iii. Landlord Phone Number _____
7. Will the cat be: Indoor only   Outdoor Only   Both
8. Will anyone be home during the day? Yes   No
    a. If No, How many hours will the cat be left unattended? _____
9.   When no one is home, where will the cat be kept? _____
10. If you move, what will you do with the cat? _____

Companion Animals currently or previously owned:

1. Have you ever had a companion animal before? Yes   No
2. Companion animals currently or previously living in household:

Name	Dog or Cat	Years in care	Current or Previous	Reason no longer own

     a. Are or were all cats & dogs neutered/Spayed? Yes   No
        i. If No, Explain_____
     b. Are they: Indoor only   Outdoor Only   Both
     c. Are all companion animals current on their vaccinations? Yes   No
3. Are you financially able & willing to provide checkups, vaccinations & medical care? Yes   No
4. What precautions would be taken to properly introduce a new cat into the home where there are other animals (dog, bird, rabbit, another cat, etc.)? _____
_____
5. What will happen if the new cat does not get along with other companion animals?
_____
6. Are you planning to declaw your cat? Yes   No
7. What other agencies have you adopted an animal from?_____
8. If a disciplinary or behavior problem arises, what steps will you take to work on it?
     a. Jumps on the counter_____
     b. Scratches Furniture_____
     c. Urinates outside the litter box_____

References and Agreements

1. Name of veterinarian:_____
2. Veterinarian phone number:_____
3. Are you willing to familiarize yourself with your local animal control laws? _____
4. Are you willing to sign legal pet adoption papers?_____
5. Do you agree to permit a follow/up visit or phone call?_____

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 Four Legs Good, Inc. refusing adoption privileges to me/us. If my/our request for adoption is approved and later Four Legs Good, Inc. discovers the above information is not true or correct, Four Legs Good, Inc. reserves the right to remove the adopted cat from my home/farm.

Signature _____   Date: _____

Signature _____   Date: _____