

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