

FuRRR Feline Rescue
73 Pickering Rd. Unit 99 Gonic, NH 03839

ADOPTION APPLICATION

Completion of this application does not guarantee placement of a cat with the applicant. Our cat's health, safety and welfare are our foremost consideration. This includes but is not limited to the fact that we adopt to INDOOR ONLY homes and are strictly a NO DECLAW rescue. In order to be considered as an adopter you must be 21 years of age or older, have identification showing your present address, have consent of your landlord, if you rent and be willing and able to spend the time and money necessary to provide proper care and any needed medical treatment for a cat.

*****Completed applications may be scanned & emailed to: adoption@furr.org*****

Name: _____ Co-Adopter Name: _____

Adopter DOB: _____ Driver's License # _____ Issued State: _____

Co-Adopter DOB: _____ Driver's License # _____ Issued State: _____

Physical Address: _____

Mailing Address (if different): _____

Home #: _____ Cell #: _____

Email: _____ Occupation: _____

1. Name or description of cat(s) you are applying for: _____

2. How many hours per day will this cat spend without human companionship? _____

3. Where will your cat be kept during the day when you are not home? _____

4. Do you prefer a declawed cat? YES NO Do you smoke? YES NO Indoors?

5. Where do you live? HOUSE APARTMENT TOWNHOUSE OTHER? _____
I RENT I OWN LIVE WITH MY PARENTS

If Renting: Landlord's Name: _____ Phone: _____

6. Does your landlord allow cats? YES NO DON'T KNOW

Security Deposit required? YES NO Monthly rental increase (if applicable)? _____

7. Please provide the following information about your household:

Number of adults: _____ Age(s): _____

Number of children: _____ Age(s): _____

8. Is anyone in your family allergic to cats? _____

9. What will you do with your cat(s) if you move in the future: _____

10. How much do you anticipate spending yearly to feed, vaccinate, license and provide medical care? _____

11. Would you be willing to allow us to visit your home before and after the adoption is completed? _____

12. Have you ever given a pet up? Why? _____

13. What type(s) of pets do you own -or- have owned in the last 10 years?

Name	Cat/Dog Other	Kept IN/OUT?	Age	Neutered/ Spayed	Sex	Vaccines Current?	Fiv/Felv Tested?	Still Own?
		IN <input type="checkbox"/> OUT <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
		IN <input type="checkbox"/> OUT <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
		IN <input type="checkbox"/> OUT <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
		IN <input type="checkbox"/> OUT <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

14. Who is (was) your veterinarian for the above animals?

PLEASE CONTACT YOUR VET AND GIVE PERMISSION FOR THEM TO SPEAK WITH FuRRR

Vet's Name: _____

Vet's Address: _____

Vet's Phone: _____

15. Please provide a personal reference:

Name: _____

Address: _____

Phone: _____

16. Do you realize that a cat may live 15 or more years? YES NO

17. It may take your new cat 2 to 6 weeks to adjust to its new home, especially if other pets are involved.

Are you prepared to allow this much time? YES NO

18. When would you be ready to bring your new cat home if approved? _____

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing privilege of adopting a cat from FuRRR. I authorize investigation of all statements on this application, including veterinary and landlord reference checks. I will bring a proper travel carrier to the adoption. I hereby agree that if there is any issue with cat, I will return to FuRRR only. FuRRR reserves the right to deny the adoption of any cat for any reason and to reclaim a cat if conditions of our adoption contract are not met. *Typed signature constitutes same legal agreement.

Signature: _____ Date: _____

Co-Adopter Signature: _____ Date: _____

***** OFFICE USE ONLY *****

VET REFERENCE:

1. Are all pets current on annual exams, vaccinations? _____

2. Have all pets been spayed/neutered? _____

3. Have all current cats in household been tested for Fiv/Felv? _____

4. In general, are all medical issues addressed on a timely basis? _____

5. Does their vet recommend them as a responsible pet owner? _____

LANDLORD REFERENCE:

1. Does the lease allow for the adoption of a cat and does lease require declawing? _____

2. Is a pet security deposit or rental increase required? _____