



Animal Protection Society of Friday Harbor
111 Shelter Rd PO Box 1355 Friday Harbor WA 98250
(360)378-2158 Admin Office | (360) 378-2158 Shelter Office
apsfh.com

ADOPTION APPLICATION FELINE

NAME OF CAT YOU WISH TO ADOPT : _____

PERSONAL DATA

Name _____ Email _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Alternate Phone _____

PLEASE LIST NAMES AND AGES OF EVERYONE LIVING IN YOUR HOUSEHOLD

Name & Age _____ Name & Age _____

Name & Age _____ Name & Age _____

PLEASE LIST TWO (2) PERSONAL REFERENCES OF PEOPLE NOT LIVING WITH YOUR, And NOT RELATED TO YOU OR EACH OTHER.

Name _____ Phone _____

Name _____ Phone _____

VETERINARIAN INFORMATION – This section **MUST** be completed for adoption consideration.

Name of Veterinarian _____

Address _____

City/ State _____ Zip Code _____ How many years? _____

Home Phone _____ Alternate Phone _____

LIVING SITUATION

1. Where do you live? _____ House _____ Apartment _____ Condo _____ Boat _____ Other _____

2. Do you rent or own? _____

If you rent : Name and Phone of Landlord : _____ () _____

Is there a deposit fee for pets? YES / NO (if so, amount) \$ _____

3. Where will your new cat live? (please circle all that apply) HOME SHOP/BUSINESS BARN

INDOORS OUTDOORS BOTH INDOORS&OUTDOORS OTHER _____

4. How would you generally classify your home? Quiet/Calm Moderately Active Grand Central Station

ADDITIONAL INFORMATION

1. Are you a first-time cat owner? YES / NO

2. Why are you looking to adopt at this time? Please explain. _____

3. Can you tolerate "accidents" in your home while your new pet adjusts? _____

4. What plan of action will you use if "accidents" continue to occur? (for example, add additional litter boxes, relocate litter box, surrender to shelter, etc) _____

5. Is each and every household member 100% in favor of providing a forever home for this cat/kitten? _____

If not, what are their concerns? _____

6. Do all household members understand that it may take a few days / weeks for a new cat to become adjusted to its new home and other pets? YES / NO

7. Do you have the financial resources to provide for annual veterinary visits, vaccines, special diets and medications your cat may need throughout its lifetime? _____
8. Do you or any of your family members have allergies to cats? (circle one) YES / NO
9. Do you currently have any other pets? If yes, please fill in the information below.
- | | | | | | | |
|------------------------|------------|-----------|---------------|-------|------------|-------|
| Name _____ | Type _____ | Age _____ | Spay/Neutered | Y / N | Vaccinated | Y / N |
| Indoor / Outdoor _____ | | | | | | |
| Name _____ | Type _____ | Age _____ | Spay/Neutered | Y / N | Vaccinated | Y / N |
| Indoor / Outdoor _____ | | | | | | |
| Name _____ | Type _____ | Age _____ | Spay/Neutered | Y / N | Vaccinated | Y / N |
| Indoor / Outdoor _____ | | | | | | |
10. Would you be open to a "home visit" by APS-FH? YES / NO
11. What "traits/problems" would be UNACCEPTABLE in your new cat? (choose all that apply)
- | | | | | | | |
|------------------------|--------------------------------------|----------|---------|--------------------------|------------------|-------|
| Destructive Scratching | Escaping | Shedding | Nervous | Shy | Overly Energetic | Aloof |
| Not House/ Box Trained | Jumping on People/Counters/Furniture | | | Not good with Other Pets | | |
12. How would you plan to resolve the above "traits" or "problems"? (please circle or explain)
- | | | |
|------------------------|----------------------------|-------------------------------|
| Seek Advice from Vet | Consult with a Behaviorist | Read a Book / Research Online |
| Surrender Pet to APSFH | Other _____ | |
13. What "traits" do you want in a cat? Gentle Playful Dependent Independent Confident
- | | | |
|---------|----------------------|--------|
| Curious | Serious Affectionate | Feisty |
|---------|----------------------|--------|
14. What role will your new cat play in your life? (choose all that apply)
- | | | | |
|----------------|---------------------------|-------------|------------|
| Rodent Control | Companion for Another Pet | Companion | Family Pet |
| | | Other _____ | |
15. Have you ever surrendered a pet for any reason? If so, why? _____
16. What would cause you to surrender a pet? _____
17. Who is your employer? _____
18. Are you in the Military, National Guard or Reserves? _____

I UNDERSTAND COMPLETING THIS APPLICATION IS NOT A PROMISE OR GUARANTEE OF ADOPTION APPROVAL but a starting point for the APS-FH adoption team to evaluate my lifestyle and the preferred lifestyle for the cat in question. Not passing the qualifications for one cat does not mean that a different cat would not be a better match. Our goal is to find the perfect cat for your needs and the perfect home for each cat.

By signing below, I certify the information provided within this application is true and correct. I understand if I have given any false information or have not completely answered all the questions, this application will be automatically denied. My signature below gives APS-FH permission to contact my veterinarian, references and any other persons or entity to verify that the information within this application is true and correct to the best of my knowledge.

SIGNATURE _____ **DATE** _____

***** DO NOT WRITE IN BELOW AREA *****

APPROVED / DENIED _____ DATE _____ STAFF SIGNATURE _____

PAID : YES / NO _____ AMOUNT \$ _____ CASH _____ CHECK# _____ C.C. _____

ANIMAL NAME _____ FILE NUMBER _____ Circle : CAT KITTEN

IF KITTEN IS NOT YET SPAYED, HAS SPAY/NEUTER DEPOSIT BEEN PAID? YES ___ NO ___

ADOPTION DENIAL REASON: _____