



The purpose of this form is to help us determine the best possible match for cats awaiting adoption into family homes. We aim to provide you with information on the commitment of adopting a new cat or kitten and ensure that you understand the full responsibility of care involved with you new companion pet.

Adopter's Information

Full Name Date of Birth

Address City State Postal Code

Home Phone # Cell Phone # Work Phone # Email

Name(s) of other household adult(s) members

Children - Number of children and age

How long have you been at your current address?

Will your cat(s) go with you if/when you move? Yes No

Do you rent: Rent Own
 What type of home: Apartment House Mobile home
 Does your home have window Screens? Yes No
 If you rent, please provide your landlord's name, email, and phone number:

Employer Address

What is your title How long employed?

Why would you like to adopt a cat?

Pet History

Have you ever owned a pet? Yes No

Cat Dog Both

Other

If yes, were you the primary care giver? Yes No

Current household Pet(s) and number of pets:

Cat(s) Dog(s) Both Other

Name(s), Breed(s), time in your care, where do they eat and sleep, Neuter/Stayed Yes No

Past household Pet(s) and number of pets in the last 10 years, who are not living with you:

Cat(s) Dog(s) Both Other

Name(s), Breed(s), time in your care, where do they eat and sleep, Neuter/Stayed Yes No

Have you ever given up a pet(s): Yes No, If yes, why?

What happened to the pet(s)?

Found a new home, pet is with: family member former partner/roommate friend

Surrendered pet: Shelter Animal Control seize Other

Have you lost a pet(s) at an early age or due to an accident or illness? Yes No

If yes, please provide details:

Adoption details

Are you concerned with gender or appearance? Yes No

If yes, please explain:

Preference:

Personality Type

Age: One Adult Two Adults Two Kitten

One Kitten (only permitted if there is another pet in the household)

Gender: Female Male No Preference

Fur: Short Hair Long Hair No Preference Color

Name(s) of cat(s) /kitten(s) you wish to adopt

Second choice (if first is unavailable)

Declawing:

Have you ever had a cat declawed? Yes No

Do you wish to declaw your new cat? Yes No

Why or why not?

What type of pet are you searching for:

Companion for another household member Yes No

Is this cat(s)/kitten(s) will be a playmate for another companion pet Yes No

If so, cat dog both other

What will happen to your cat if your family situation changes (e.g Marriage, Separation/divorce, New baby, New companion pet, ect)?

What circumstances might arise that would lead you to consider giving up your cat(s)?

Pet Care

Are you financially able and willing to provide annual checkups, vaccinations, and any/all medical care necessary? Yes No

Cats can be expected to live 15 to 20 years. Are you aware of this? Yes No

Are you prepared to care for your cat(s) for the rest of his/her life? Yes No

Will you let the cat outdoors? Yes No

If yes: Attended Unattended With Collar & Tags Microchipped

Do you have a backyard? Yes No

If yes, do you have a fenced-in yard? Yes No

If your cat(s) becomes lost, in addition to contacting BFCF, what steps would you take to him/her?

How much time are you willing to allow the new cat to adjust to his/her new home?

What will you do if your new cat does not get along with your present companion pet?

Who will care for your cat(s) if you go away for a:

For a few days

On an extended vacation

On an Emergency

Are your present companion pet(s) up to date on there vaccinations? Yes No

Have your present cat(s) been tested for Feline Leukemia and FIV? Yes No Don't know

Results: Positive Negative

Current Veterinarian

Address

Phone #

Email

List all veterinarians you have used in the last past 5 years:

Reference

Provide three references that can testify to your responsibility and ability to care for your pet(s) that are not related to you.

Reference 1

Name

Relationship

Phone #

Email

Reference 2

Name

Relationship

Phone #

Email

Reference 3

Name

Relationship

Phone #

Email

How did you hear about our adoptable cats? Social Media: FB IG Other

By signing this for I/we acknowledge that all the information I provided in this form is accurate and true. I /we understand that any misrepresentation of information in this form will result in BFCF refusing adoption privileges. I/we authorize BFCF to contact all veterinarians, reference and landlords listed in this application. I/we understand that BFCF reserves that right to remove the adopted cat from my home if BFCF later discovers that the information provided is false. Return completed form to info@bayonne-feral-cat-foundation.org

Print

Signature

Date