

# Animal Friends of North Central West Virginia (AFNCWV)

## Cat Adoption Application - PLEASE PRINT CLEARLY

Cat's Name: \_\_\_\_\_ A.F.# \_\_\_\_\_ Date: \_\_\_\_\_

**Adopter's Information** \_\_\_\_\_ Over 60 years old? \_\_\_\_\_ Under 21?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Alt Phone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

### Household Information

Do you: Own \_\_\_\_\_ Rent \_\_\_\_\_ Live with parents \_\_\_\_\_

If you rent, please provide your landlord's name **and** phone number:

Please list all the human members of your household:

Name	Gender	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What pets do you currently have?

Type of pet	Breed	Age	Spayed/ Neutered	Length of Ownership
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are your current pets up to date on their vaccines: \_\_\_\_\_

Is this your first cat? Yes \_\_\_\_\_ No \_\_\_\_\_

How many cats have you owned before? \_\_\_\_\_

What happened to these cats? \_\_\_\_\_

Why do you want this cat? \_\_\_\_\_

Will this cat live \_\_\_\_\_ indoors or \_\_\_\_\_ outdoors? If indoor, will it have outdoor access? \_\_\_\_\_ If so, what type of access? \_\_\_\_\_

Will you declaw this cat? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you familiar with feeding requirements for a cat/kitten? Yes \_\_\_\_\_ No \_\_\_\_\_  
What will you do with this cat if you can no longer keep it?

\_\_\_\_\_

Who is/was your veterinarian: \_\_\_\_\_

For how long: \_\_\_\_\_ Phone \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*\*\*If this is your first pet, we require that you find a veterinarian, set up an account, and schedule a new pet appointment in order for your application to be considered.\*\*\*

Are you financially prepared to give this cat BOTH routine and emergency medical care? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you object to a visit or call from us to see how you and your new cat are doing? Yes \_\_\_\_\_ No \_\_\_\_\_

-If yes, why? \_\_\_\_\_

Personal reference name and phone number (no family or significant other):

\_\_\_\_\_ Relationship: \_\_\_\_\_

My signature below certifies that the above information is true and correct.

**Once this animal leaves AFNCWV property, you the adopter are solely responsible for that animal, its veterinary expenses, and its actions.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**It is the right of AFNCWV to refuse adoption to anyone for any reason.**

Application Reviewed by: \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_