



Cat Adoption Application

Welcome to Best Friends' adoption program. We request the following information so that we can assist you in the selection of a new cat. This form and a consultation with a Best Friends representative are designed to help you find the cat most compatible with your lifestyle. Please mail this form to Best Friends Animal Society, Kanab, UT 84741, or fax it to (435) 644-3627.

To be considered as an adopter, you must:

- Be 21 years of age or older
- Have identification showing your present address
- Have the knowledge and consent of your landlord
- Be able and willing to spend the time and money necessary to provide medical treatment and proper care of the cat

Completion of this application does not guarantee adoption of a Best Friends cat. Please print legibly and complete both sides. Thank you!

Name of applicant _____ Date _____

Street address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____ Age _____

Describe in detail the cat you're looking for: _____

Will this be your first cat? _____

What kind of pets have you had in the past? _____

Which of these do you still have? (Include age, sex and breed.) _____

Have they been spayed or neutered? Yes No Don't know

Are they current on vaccinations? Yes No Don't know

Have they been tested for feline leukemia? Yes No Don't know

Have they been tested for FIV? Yes No Don't know

Are they declawed? Yes No Don't know

If yes, where is the cat declawed? Front paws All four paws

What happened to the pets you no longer have? _____

Have you ever turned your cat in to a shelter? Yes No If yes, please explain: _____

Have you ever had a pet euthanized? Yes No If yes, please explain: _____

If you have pets, will they adjust to a new cat in the house? Yes No Don't know

Why do you want this cat? Companion Companion for other pet House pet
 Barn cat Mouser Office cat Other (explain) _____

How many adults are in your family? _____

How many children? _____ Children's ages? _____

Does any member of your household have an allergy to cats? Yes No

Is someone home during the day? Yes No If yes, who? _____

How many hours each day will the cat be without human companionship? _____

Please explain: _____

Where do you live? House Apartment Condo Mobile home Other _____

Do you own or rent your home? Own Rent

If you rent, may we contact the owner to obtain permission for this cat to live in your home?
 Yes No Owner's name and phone number: _____

Where will you keep the cat? In the house Outdoors With free access both indoors and outdoors In the barn Please explain: _____

Do you have a cat or dog door? Yes No

Will you have the cat declawed? Yes No Maybe

Are you aware of the potential side effects of this operation? Yes No

Will you keep the cat up-to-date on vaccinations? Yes No

Who is your veterinarian? _____ Phone _____

City/state _____

If you go away for a few days, or on a vacation, who will take care of the cat?

If you move, will you take the cat with you? Yes No

Have you ever applied to Best Friends before to adopt an animal? Yes No
If yes, when? _____

Have you ever brought animals to Best Friends? Yes No
If yes, please explain: _____

Are you willing to have a representative of Best Friends come to see where the cat will be living? Yes No If no, explain: _____

Are you willing to take responsibility for this cat for the next 10 to 20 years? Yes No
If no, explain: _____

What provisions will you make for the cat should you become unable to care for him/her?

How much are you willing to spend on medical bills for your cat?
 Up to \$100 Up to \$500 Up to \$1,000 Up to \$5,000 Whatever it takes

What would you do if the vet bills went over this amount? _____

Additional comments from applicant: _____