

# FOUR PAWS ANIMAL FOUNDATION - P.O. Box 8260, Bartlett, IL 60103

PHONE: (630) 289-0478 E-Mail [mrkoko@att.net](mailto:mrkoko@att.net)

## CAT/KITTEN ADOPTION APPLICATION - Id # or Name \_\_\_\_\_

**This application form must be completed before meeting a cat/kitten for possible adoption and reviewed by the adoption committee before a final adoption can take place.**

**O**ur organization takes responsibility for orphaned stray cats/kittens. We seek **permanent, responsible, and loving homes** where our "special" cat/ kitten can live a **long, happy** and **healthy** life and therefore ask potential adopting families to fill out this questionnaire so that a **good "match"** can be made for both the cat and the potential adopting family.

- Potential adoptee must be **21 years or older and employed**. A driver's license may be required to show proof of age.
- We require all family members to be present at the pre-adoption viewing.
- Due to the fragile nature of **kittens** we **do not adopt to families with children under the age of 5**.
- **Spay/neutering of animals adopted** from a Humane Society is required by the State of Illinois Animal Welfare Act and Adoptee(s) hereby agrees to do so.
- A **sturdy pet carrier** must be provided to take the cat/kitten home.

**The Foundation reserves the right to refuse any adoption we may find unsuitable for one reason or another.**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

Please indicate your age group: Under 21      21 - 40      40 - 60      over 60

Number of adults in household: \_\_\_\_\_ Number of children: \_\_\_\_\_ Ages: \_\_\_\_\_

I want a cat for:  Companionship  Company for another pet  A Mouser  Other: \_\_\_\_\_

Have you had experience with raising a kitten?  Yes  No

Would you consider adopting 2 kittens together?  Yes  No

Is the cat/kitten for you and your family?  Yes  No If not, for who? \_\_\_\_\_

Where will you keep your cat?  In house  Outside  Work  Basement  Garage

Other: \_\_\_\_\_

Do you plan to declaw?  Yes  No      If so,  Two Paw  Four Paw

Does the entire family want a cat?  Yes  No

Will all family members be present for the adoption?  Yes  No

Does anyone in your household have allergies?  Yes  No

Do you have pets at home now?  Yes  No

**FOUR PAWS ANIMAL FOUNDATION - P.O. Box 8260, Bartlett, IL 60103**

**PHONE: (630) 289-0478      E-Mail [mrkoko@att.net](mailto:mrkoko@att.net)**

Page Two

=====

**CAT(s):** How many? \_\_\_\_\_  Indoor  Outdoor    **Age** \_\_\_\_\_  Female  Male  
**Spay/neutered:**  Yes  No    **Current on vaccinations?**  Yes  No    **Declawed:**  Yes  No

**DOG(s):** How many? \_\_\_\_\_    **Age** \_\_\_\_\_    **Spay/neutered:**  Yes  No.  
**Breed:** \_\_\_\_\_

Your veterinarian's name: \_\_\_\_\_    **Phone:** \_\_\_\_\_  
**May we call him/her for a reference?**     Yes  N

Do You  Rent  Own  
**Live in:**  House  Townhouse  Condo  Apartment  Mobile Home  Live with relatives

**A copy of a rental lease or town home bylaws stating pets are allowed will need to be provided.**  
If renting, are pets allowed?  Yes  No

Name of Landlord: \_\_\_\_\_    **Phone:** \_\_\_\_\_

***I certify that the information provided is complete and correct to the best of my knowledge. The undersigned, along with those persons accompanying me, assume any risk or injury which may be incurred as a result of viewing any animal in the custody of Four Paws Animal Foundation.***

**Signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_