



Friends of Animals
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ADOPTION APPLICATION

*** All questions are to ensure the pet is a good fit for you/your family.***

Cat Name: _____

Name: _____ DOB: _____

Co-Applicant Name: _____ DOB: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Phone: _____

How long have you worked at your current job?: _____

How long have you lived at your current address?: _____ RENT OWN

If you rent, do you have permission to have a cat?: YES NO

Landlord's Contact Info: _____

Have you or any family/household members been charged with animal cruelty? YES NO

Please briefly explain why you want a cat.: _____

Is everyone living in your home in agreement on adopting a cat?: YES NO

Do you have children/plan to have children? YES NO

If you have children, please list their ages.: _____

Please list all other members of your household, along with ages.: _____

Who will be the primary caretaker of the cat?: _____

Is anyone in your household allergic to cats? YES NO

May we visit your home before and after adoption? YES NO

Do you currently have other pets? YES NO

If yes, please list gender, breed, and age of current pets.: _____

Are current pets vaccinated annually?: **YES** **NO**

Spayed/Neutered?: **YES** **NO**

FELV/FIV neg? (Cats only): **YES** **NO**

Have current pets been around other animals?: **YES** **NO**

Do they get along with other animals?: **YES** **NO**

Do current pets have any serious medical issues?: **YES** **NO**

Please list all pets you have owned in the past 5 years. Include breed, sex, spayed/neutered and why you no longer have the pet.: _____

Do you have a current veterinarian?: **YES** **NO**

If yes, Please list name, address, phone number and how long you have been a client.: _____

Please contact the vet office and let them know a FOA representative may be calling to verify this information.

Where will the cat stay during the day/night?: _____

How many hours will the cat be left alone on a regular basis?: _____

How often do you travel?: _____

Where will the cat stay if you are away for an extended period of time (vacation,etc.)?: _____

How will you handle destructive behavior if such problem occurs?: _____

How will you handle litterbox training and/or problems?: _____

If you move, what will you do with the cat?: _____

What would cause you to give up ownership of the cat?: _____

Please provide contact information for (2) non-relative reference.

1.) _____

2.) _____

How did you hear about us?: _____

By signing below, I am attesting to the truthfulness of my answers and information. Falsification of any of the above information will be grounds for dismissal of my application and possible removal of the pet from my home. Applicant must be 18 years of age or older. MCFOA reserves the right to refuse any applicant.

You will be contacted within 2 business days of application deadline if you are approved for adoption.

Signature: _____

Co-Applicant Signature: _____

Date: _____