



Adoption Form

Private home-to-home adoption is available from FosterCat, Inc.

In order to be considered for an adoption today, you must:

1. Be at least 21 years of age.
2. Be the person primarily responsible for the cat to be adopted at the address where the cat will be housed.
3. Have legal identification with your current address.
4. Be able to verify that you can have a pet where you live.
5. Understand that FosterCat, Inc. reserves the right to deny the adoption of any pet for any reason.

Pet ownership is a major responsibility, and one that should not be taken lightly. In FosterCat's ongoing effort to find the best possible homes for all of its animals, we ask that you take the time to fill out this questionnaire and expect to spend time discussing it with one of our adoption representatives before the adoption is completed.

Please provide the following information:

Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-mail _____

PA Driver's License # _____ Exp. date (MM/YY) _____

If there is a specific FosterCat cat or kitten you are interested in, please enter its name here: _____

How long have you lived at this address? (ie. 3yrs, 6mos) _____

Do you live in a:

- House
- Apartment
- Mobile Home
- Other

If you rent, we will need to verify that you are permitted to have pets. Please enter:

Landlord's Name _____

Landlord's Phone Number _____

Landlord's Address _____

Why do you want to adopt a companion animal? _____

Have you ever adopted from FosterCat, Inc.?

- Yes
- No

Date of Adoption _____

Have you ever adopted from a shelter?

Yes No

If yes, shelter name _____

Date of Adoption _____

Please list the veterinary clinic you currently use:

Clinic Name _____

Veterinarian's Name _____

Clinic Phone _____

FosterCat routinely contacts applicants' veterinarians as part of our adoption screening process. Do we have your permission to contact your veterinarian to verify your pet(s) health records and vaccination status?

Yes No

Do you plan to have your cat or kitten declawed?

Yes No

If yes, why? _____

Describe the declawing process. _____

Do you have animals at home?

Yes No

If yes, what kind of animals? _____

How many? _____

Have you been the caretaker for other animals in the past five years?

Yes No

If so, where are the animals now? _____

Are there children at home?

Yes No

If yes, ages of children _____

Are there other adults at home?

Yes No

Does everyone in the household want this cat/kitten?

Yes No

Is anyone in the household allergic to cats?

Yes No

Who will be primarily responsible for this cat/kitten? _____

How many hours are you away from home each day? _____

Will this cat/kitten be:

- Indoors only Indoor/outdoor Outdoors only

Where will this cat/kitten stay?

- During the day? At night?

Who will take care of this animal in your absence (i.e., vacation, emergencies)?

How long do you plan to provide a home for this animal? _____

How much do you think it will cost each month to provide necessary medical care and to cover the costs of feeding and caring for this pet? _____

FosterCat, Inc. reserves the right to perform a home visit before and/or after adoption. Do you object to your visiting your home now or some time in the future?

- Yes No

Any false information may result in nullifying the adoption.

Signature _____

Date _____

Please mail to:

FosterCat, Inc
P.O. Box 23414
Pittsburgh PA 15222-6414
