



# Feline Friends Network

P.O. Box 18287  
Stanford, CA 94309

## ADOPTION APPLICATION

If you are interested in adopting a cat from Feline Friends Network, please fill out the form below. Your information will be kept secure; we will never share your information with or sell it to any other companies or organizations.

### **ADOPTER DATA**

Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **CAT CRITERIA**

Cat Name (or description): \_\_\_\_\_

What criteria do you consider important in choosing a cat?

### **LOCATION INFORMATION**

How long have you lived at this address (years/months)? \_\_\_\_\_

What type of home? (house/apartment/condo/etc) \_\_\_\_\_

Do you own or rent your home?  Own  Rent/Lease

If you rent or lease your home, does your agreement allow pets?  Yes  No

Landlord Name and Phone: \_\_\_\_\_

How many adults? \_\_\_\_\_ How many children? \_\_\_\_\_ Ages of Children? \_\_\_\_\_

On a scale of 1-10, 1 being extremely quiet and 10 being busy and/or noisy, how would you rate the activity level in your home? \_\_\_\_\_

Does anybody in your home have allergies?  Yes  No

*A volunteer 501(c)(3) non-profit organization supporting a no-kill, spay/neuter, feeding, lifetime care and adoption program for all homeless cats at Stanford--by agreement with but not funded by Stanford University*

*\* Serving the Stanford Cats and Community since 1989 \**

If you move in the future, what plans have you made to accommodate your pet?

Do any other animals currently reside with you?  Yes  No

If yes, 1) please list the type, breed, and age of your other pets, 2) how do you plan to introduce the new cat to them?

Do your other pets have current vaccinations?  Yes  No

Veterinarian's Name and Phone Number/website: \_\_\_\_\_

Would you allow the cat:  Indoors Only  Outdoors Only  Indoors & Outdoors

If outdoor or indoor/outdoor, please describe the circumstances:

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Do you have secure screens in your windows?  Yes  No

Who will be the primary caretaker of the cat? \_\_\_\_\_

Who will care for the cat when you or primary) is away from home?

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Have you ever taken one of your pets to a shelter?  Yes  No

If yes, please explain the circumstances.

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Helpline: (650) 566-8287 • Website: [felinefriendsnetwork.org](http://felinefriendsnetwork.org) • Email: [contact@felinefriendsnetwork.org](mailto:contact@felinefriendsnetwork.org)

Have you ever had a pet euthanized? \_\_\_ Yes \_\_\_ No

If yes, please explain the circumstances.

Have you ever lost a pet or had one die of accident or injury? \_\_\_ Yes \_\_\_ No

If yes, please explain the circumstances.

A well-cared-for cat may live for 20 years or more. Are you willing to keep the cat as a member of your family for life? \_\_\_ Yes \_\_\_ No

Personal Reference Name \_\_\_\_\_ Phone \_\_\_\_\_

Where did you find this cat? (PetFinder, Store Flyer, Friend, etc) \_\_\_\_\_

Anything else you'd like us to know?

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