

# Fantastical Beasties

## Adoption Application

Please PRINT legibly

Name			Primary Phone#
Address			Secondary Phone#
City	State	Zip	Email
I agree to (please initial each item) _____ Provide my adopted kitten(s)/cat(s) a strictly <b>indoor</b> life			
_____ <b>Not declaw</b> my kitten(s)/cat(s) under any circumstances			
_____ Make a <b>lifetime</b> commitment to my adopted kitten(s)/cat(s)			
Please list all members of the household (including yourself):			
Name	Age	Occupation	
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Name	Age	Occupation	

1. You live in a: • House • Apartment • Condo • Other (please describe)						
• Own • Rent						
If renting, have you received permission from your Property Owner/Mgr to adopt kitten(s)/cat(s): •Yes •No						
How long at this address?						
2. With whom do you live? • Partner(s) • Roommate(s) • Parent(s) • Alone • Children • Other						
3. Are major changes planned in your household in the next year? •Yes •No If so, please explain:						
4. WHY would you like to adopt a cat or kitten?						
5. For whom are you adopting this cat? •Self •Children •Gift •Other						
6. Have you adopted from <i>Fantastical Beasties</i> ? •Yes •No				7. Is anyone in the home allergic to cats? •Yes •No		
When?						
8. Who will be primarily responsible for the care and supervision of this cat?						
9. Are there children not listed above who visit frequently? •No •Yes Ages:						
10. What pet behaviors do you consider a problem, and how would you handle them?						
11. Where will your cat be when you are home?				When left alone?		
Where will it sleep at night?						
12. Have you ever owned a declawed cat? •Yes •No						
13. What will happen to this cat when you go on vacation?						
14. What will happen to this cat if you have an emergency?						
15. Who is your regular veterinarian?				Date of last visit?		
16. Please list ALL current and former pets:						
Species?	Sex	Spayed/Neutered?	Age	Access to Outdoors?	How long owned?	What happened to it?
17. I certify that the above information is true.			Signature:		Date:	

Office Use Only

Approved By	Second Approval	Date
Comments:		