

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

Office Use Only

Approved By	Date
Comments:	