



## Application To Adopt a Cat Or Kitten

Animal name: \_\_\_\_\_

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

- Be at least **21** years of age
- Have formal identification
- Have the consent of all adults living in the household
- Understand that the Free Roaming Feline Program has the right to accept or deny any application

### PLEASE PRINT:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: (no PO Box) \_\_\_\_\_  
street city state zip

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

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

Residence: House Apartment Condo Mobile home Other

Do you: Own Rent Live with parents/relatives Length at residence:

Landlord/Condo Association:

name phone

Number of people in your household: Ages of children:

Employer name and phone number: Length of service:

List three references with phone numbers (not relatives or people who live in your household)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Have you adopted from the Free Roamers before?  Yes  No If Yes, approximately when? \_\_\_\_\_

Is this your first experience with a cat?  Yes  No First experience with a kitten?  Yes  No

Do you plan to declaw?  Yes  No If Yes, reason you plan to declaw: \_\_\_\_\_

Do you have a scratching post?  Yes  No  Other (describe) \_\_\_\_\_

Will your cat be:  Indoors  Indoor/outdoor  Outdoors

If outdoors will they be:  On a leash  In a fenced area  In a barn or outbuilding  Roaming freely

Should medical or behavioral issues occur, are you willing to work with your pet, to the best of your ability, to correct or treat them?  Yes  No  Uncertain

Are all cats and dogs currently in your household: Spayed/Neutered?  Yes  No Vaccinated?  Yes  No

If you answered No please explain: \_\_\_\_\_

Veterinary Clinic you currently use: \_\_\_\_\_  
name city phone

List the animals you **personally** have owned and been responsible for in the **last 5 years**, including current pets.

Name	Cat Dog Other (specify) If dog list breed or breed mixes	Age	Gender	Is the animal kept inside/outside?	Is this animal deceased?

Have you ever given up an animal?  Yes  No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the Free Roaming Feline Program? \_\_\_\_\_

***A cat may live for 15 to 20 years and will need your committed care for his/her lifetime.***

By placing or signing my name to this application, I certify that the information I have given is true. I realize that any misrepresentation of facts may result in my losing the privilege to adopt a cat/kitten from the Free Roaming Feline Program. **I understand that Free Roaming Feline Program, Ltd., has the right to deny my request to adopt an animal for any situation that would be contrary to the organization's adoption policies, in violation of any state or local ordinances, or not in the best interest of the animal, as determined by Free Roaming Feline Program, Ltd.** I authorize verification of all statements in this application. I authorize my veterinarian to release any information requested by Free Roaming Feline Program, Ltd. Personal information you have provided on this application will not be shared with or sold to any individual, organization or company.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Free Roaming Feline Program • Manitowoc, WI 54220 • (920) 901-9524  
Scan this completed application and email to: [monicalostrong@yahoo.com](mailto:monicalostrong@yahoo.com) and [babyblue@tm.net](mailto:babyblue@tm.net)