

*Phone:* 678-522-2152

Cats ☐ YES ☐ NO

Dogs ☐ YES ☐ NO

1311 Echo Mill Court 💠 Powder Springs, GA 30127 FancyFelineResQ@bellsouth.net

Fax: 770-439-2292

ADOPTION APPLICATION I AM INTERESTED IN ADOPTING [name of cat(s)]: Date: \_\_\_ Personal Information (please print) First Name: Last Name: Address: City: Zip Code: State: Home Phone: (Include area code) Work Phone: (Include area code) Home E-mail: Work E-mail: Nearest Large City: Cell phone: (Include area code) Pager: (Include area code) **Family Information:** Children Living in Household (please include number and ages): All pets owed and/or fostered (past and present) (please list current & previous pets--use additional space if needed) Yrs owned Animal Type/Name Where is this pet now? Age Please attach a page with additional animals owned if there is not enough room on this form. Are your pets up to date on vaccines? Are your pets spayed/neutered? If not, why not? Have you ever had a cat declawed? Will you consider declawing the cat you would like to adopt? Cats at home - Have they been tested for Feline Leukemia & Results of FIV/FELV testing: FIV? Do you animals ever go outside? Under what conditions are your animals outdoors?

Will your newly adopted cat be allowed outdoors?

I would like to adopt an animal because I want (check all that apply)					
☐ Personal protection ☐ Mo	user	☐ Other (please explain)			
☐ Personal companion ☐ Fo	r my kids				
☐ To breed ☐ A g	jift				
Average number of hours a day someone is home:	Is everyone in your hou	sehold agreeable to the adoption of a cat?			
I live in a: ☐ House ☐ Condo ☐ Mobile Home	RV 🗆 Apartment	How many years at current residence:			
I ☐ Own ☐ Rent ☐ Live with parents, relati	es, or friends				
Landlords Name: Phone Number:					
If you rent, please let your landlord or management company know we may call for confirmation that your landlord or management					
company agrees to your housing any cat on their property.					
Do you travel often? ☐ YES ☐ NO  If yes, how do you provide for them while you are away?					
What will happen to this pet in case of emergency while you are away?					
How many hours a day will this pet be left alone?					
Where will the cat be kept when alone?					
Who primarily is responsible for the pet					
Where is the pet to be kept during the day?					
And at night?					
IF your pet becomes injured or ill, what will you do?					
What will you do if treatment is too expensive?					
To feed, license, provide medical care, bedding and toys, I anticipate spending \$ per year:					
What will you do if the new pet does not get along with present pets?					
Have you ever turned an animal over to a shelter or If yes, please explain:	rescue group?	s □ NO			
Have you ever given up an animal before, and if yes, why? ☐ YES ☐ NO					

Are you familiar with:						
the laws and ordinances of your city? $\ \Box$	YES NO count	y/State on: Licensing?	☐ YES ☐ NO			
number of Pets allowed? ☐ YES ☐ N	NO leash	requirements?	☐ YES ☐ NO			
laws, ordinances, restrictions against cert	tain breeds or types of anir	nals? ☐ YES ☐	NO			
Are you aware that adopting an animal is a lifetime commitment that may span more than 20 years?						
Have you or any member of your family had a history of allergies or asthma? ☐ YES ☐ NO						
Have you had previous experience with purebreds? ☐ YES ☐ NO						
If yes, please indicate which breeds and what grooming experience you have:						
What breed(s) are you looking to adopt?						
Why do you want to rescue a purebred or mix rather than a domestic?						
Age desired:	Sex desired:	Point t	ype desired:			
Veterinarian Information:						
Name of Veterinarian						
Name of Veterinarian:			ate ZIP			
Name of Veterinarian:AddressPhone	City	Sta				
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		lso note your agreement with and awareness of our policies and your responsibilities by checking the boxes below ubmitting your application:			
	aç as le. Fa ar	checking this box, I agree to abide by all local animal ordinances, leases, and property ownership reements as they pertain to the legally defined number of pets allowed in any human domicile or sociated/attached properties. I further agree that should I be in violation of any local animal ordinances, asses, and property ownership agreements pertaining to the number of animals allowed, I hold harmless ancy Feline Rescue of the South and all associated Rescue organizations in all matters, and assume all legal d/or financial liabilities pertaining to any violations of said ordinances, leases, and/or agreements.  Will tell my veterinarian that a representative of Fancy Feline Rescue of the South may be calling for a commendation and that they have my permission to speak freely. If I rent, I will tell my landlord or anagement company to expect a call, as well.  The set of the south may be required prior to my application being for adoption.			
	off-site adoption area. I agree that Fancy Feline Rescue of the South facility, foster home losses, judgments, costs or expenses whatsoever, which I might suffer or sustain in connection with my visits to a Fancy Feline Rescue of the South facility, foster home are off site adoption area.				
( (	online, ty obligates am intere I underst	he above to be true and complete to the best of my knowledge. If this form is being submitted ping your name below will serve as legal signature. I understand that this Application in no way me to adopt any cat from Fancy Feline Rescue of the South, nor does it guarantee that the cat I sted in adopting will be available by the time this Application has been reviewed and approved. and that Fancy Feline Rescue of the South reserves the right to deny any application for any vith or without cause.			
;	Signature	e: Date:			
		This form will be reviewed prior to adoption approval of any cat you want to adopt.			
		Please sign and date this form, initial every page, and e-mail, fax, or snail-mail to:			
		Fancy Feline Rescue of the South, Inc.			

Fancy Feline Rescue of the South, Inc. 1311 Echo Mill Court Powder Springs, GA 30127 Fax: 770-439-2292 FancyFelineResQ@bellsouth.net