

Save  
a  
Kitty  
*Feral Cat Program*  
APPLICATION FOR ADOPTION

PO Box 1442  
Parkersburg, WV 26102

Date\_\_\_\_\_

Applicant Name\_\_\_\_\_

Address\_\_\_\_\_

City, State\_\_\_\_\_ Zip\_\_\_\_\_

Home Phone\_\_\_\_\_ Work Phone\_\_\_\_\_

Cell Phone\_\_\_\_\_ E-mail Address\_\_\_\_\_

Employer\_\_\_\_\_ Occupation\_\_\_\_\_

What type of cat are you interested in or have you chosen to adopt? \_\_\_\_\_  
( ) Male ( ) Female ( ) Kitten (under 4 months)\* ( ) Adult

**\*All cats and kittens must be sterilized prior to adoption (placement in their permanent home) NO EXCEPTIONS**

How many people currently reside in your household?\_\_\_\_\_

Any children in the household and how many?\_\_\_\_\_

Does any member of the family have any allergies to animals? ( ) Yes ( ) No Explain:\_\_\_\_\_

Who will be responsible for the cat's care?\_\_\_\_\_

Where do you live? ( ) Apartment ( ) Condo ( ) Farm ( ) Mobile home ( ) House

Do you own or rent? ( ) Own ( ) Rent If you rent, name and phone number of  
Landlord?\_\_\_\_\_

Are companion animals allowed? ( ) Yes ( ) No

Have you owned any companion animals? ( ) Yes ( ) No

Are your animals current on their vaccinations/sterilized?\_\_\_\_\_

Please provide the name/phone number of your  
veterinarian:\_\_\_\_\_

Are you financially able and willing to provide annual checkups, vaccinations, and any medical care necessary?      ( )Yes      ( )No

Are you planning on declawing?      ( )Yes      ( )No      ( )Not Sure

Have you ever adopted an animal from a rescue/humane society?      ( )Yes      ( )No

**Please answer the following questions.**

Please list the current companion animals in your household:

Name	Breed	Age	Sterilized?	Kept Where?	Owned how long?

Have you ever had an application rejected for adoption of an animal from a rescue/humane society?  
( )Yes      ( )No

Why do you want to adopt a cat/kitten? \_\_\_\_\_

If a disciplinary or behavior problem arises, what steps will you take to work on it? \_\_\_\_\_

Are you familiar with your local animal control laws?      ( )Yes      ( )No

Are you willing to sign a contract and vet verification form?      ( )Yes      ( )No

Do you agree to permit a visit to your home/farm by appointment?      ( )Yes      ( )No

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By signing this form, I/we acknowledge that all information on this form is true and correct. I/we understand that any misrepresentation of fact may result in refusing adoption privileges to me/us. If my/our request for adoption is approved and we later discover the above information is not true or correct, Save a Kitty Feral Cat Program, Inc. reserves the right to remove the adopted animal from my premises.

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

Approved \_\_\_\_\_ Date \_\_\_\_\_  
Save a Kitty FCP Representative