

# Barn Cat Buddies Pet Cat/Kitten Adoption Application



Clear all fields  
(start over)

Today's Date:  Name of Cats Interested In:

First Name:  Last Name:

Address:

Address 2:  City:  ZIP:

Home Phone:  Mobile Phone:  Year You were Born:

E-mail:  E-mail2:

Describe the cat you're looking for:

Will this be your first cat?  What kind of pets have you had in the past? (Include breed/sex/age)

Which of these do you still have?

Are your pets spay/neutered?  Current on vaccinations?

For cats currently at home: FELV Tested?  FIV Tested?

Are your cats declawed?  Front claws or all 4 paws?

Do you intend to declaw your new cat?  Have you ever had an animal euthanized?

What happened to pets you no longer have?

Have you ever brought animals to a shelter or to a rescue agency?

If you have other pets, how will you help them adjust to a new pet in the house?

Do you want this cat as a companion/friend for another cat and/or other pets? Please explain.

Do you know about potential side effects of declawing such as biting, urinating out of the litter box, etc.?

If you go away for a few days, or on a vacation, who will take care of the cat?

If you move, will take your cat with you?  If no, please explain:

Are any household members allergic to cats?

How many adults are there in your household?

How many children? List ages:

How many hours a day will your cat be without human companionship?  Never  1-2 hours  2-4 hours  Longer

Is everyone in the household in agreement with this adoption?  Yes  No  Don't Know

Are you willing to have a Barn Cat Buddies representative visit the animal(s) that you adopt?

Are you willing to be responsible for this cat for the next 10 to 20 years?

Do you:  Own  Rent If renting, please enter the name and phone number of the property owner:

What provisions will you make for the cat should you become unable to care for him/her?

Is there a cap on how much you are willing to spend on mediical bills should the need arise?

Is there anything else you would like us to know while considering this application?

Please list 2 (non-family) references we may contact to discuss your animal care and dedication

Name1  Phone1

Name2  Phone2

Veterinarian Name:  Phone:

The above information is true. False statements render this application null and void.

Applicant's signature :  Date:

Co-Applicant's signature :  Date:

Please enter directions to your home:

Where are you employed?  Address:

BCB Rep:  Notes: