

BARN CAT BUDDIES BARN CAT ADOPTION FORM



First Name: _____ Last Name: _____

E-mail: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

How did you hear about Barn Cat Buddies? _____

Preferred method of contact: Phone E-mail Date of birth: _____

How long have you been living at the above address?

Less than 1 year 1-2 years 3-5 years Longer

Who will be responsible for your barn cats: _____

Have you previously had barn cats? Yes No

Are there children in the home? Yes No If yes, please list ages: _____

Do you live near a busy road? Yes No Proximity of barn to road: _____

If you should move, what would you do with your cats? _____

Have you owned pets in the last 2 years? Yes No

If yes, please list: _____

If you live with dogs, are they cat-friendly? Yes No Unsure

Where will your cats be located?

Outdoors Indoors Both

Vet/ Clinic Name: _____ Vet/ Clinic phone number: _____

Please list two non-family references that we may contact to discuss your application:

First Name: _____ Last Name: _____

Phone: _____

First Name: _____ Last Name: _____

Phone: _____

I certify that the above information is true. False statements will render
this application null and void.

Applicant Signature: _____ Today's date: _____

Co-Applicant Signature: _____ Today's date: _____