



The National Foundation for Animal Rescue

P.O. Box 565 • Saddle River • New Jersey 07458

CAT or KITTEN PRE-ADOPTION APPLICATION

Date _____

Your Name _____ Date of Birth _____

Spouse, Partner, or Roommate's Name _____ Date of Birth _____

Address _____ City _____

State _____ Zip _____ Email _____

Phone: Home _____ Work _____ Cell _____

How many hours per day are you normally away from your home? _____

What are your reasons for adopting a cat? As a Companion _____ For a Child _____ As a Mouser _____ As a Gift _____

Please describe the type of cat you are interested in adopting: Age _____ Sex _____

Breed _____ Color _____ Temperament _____

Will this be your first cat? _____ What pets have you had previous to this? _____

Where are they now? _____ What happened to them? _____

What pets (type/sex/age) currently reside with you? _____

Are your current pets spayed/neutered? _____ Declawed? _____

Do you plan on declawing this cat? _____

What is your view on euthanasia? For _____ Against _____

Please explain _____

What sort of residence do you have? Apt. _____ Townhome _____ Single Family Dwelling _____

Do you own or rent your home? _____

If you rent, do you have written permission from your landlord to have a cat? _____

Landlord's Name _____ Address _____ Phone _____

How long have you lived at this residence? _____ Do you plan on moving soon? _____

If yes, will you be taking your animal with you or will you make other arrangements? _____

Do you have screens on all your windows? _____

Is anyone in your home allergic to cats? _____

If you live with your parents, have they any restrictions or preferences as to the type, age or sex of pet they would like you to choose _____

Please list the names and ages of all persons living in your home _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Which family member will have the responsibility of caring for your new cat? _____

How will your new cat spend its days? (Check everything that applies)

Indoors _____ Outdoors _____ Crated _____ Basement _____ Garage _____ Porch _____ Yard _____

Cat Shelter _____ Barn _____ In one room _____ Run of the House _____

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Cat Shelter _____ Barn _____ In one room _____ Run of the House _____

Please list three personal references and their relationship to you (non relative):

1. Name _____ Relationship _____

Address _____ Phone _____

2. Name _____ Relationship _____

Address _____ Phone _____

3. Name _____ Relationship _____

Address _____ Phone _____

Your Veterinarian's Name: _____

Address _____ Phone _____

If you become incapacitated and are unable to care for your cat(s), please list your official designee (non household member):

1. Designee's Name _____ Phone _____

Address _____ Email _____

Home Visit: You agree to allow a representative from NFFAR to visit your home by appointment as part of the application process.

Application Information: All of the information I/We provided in this application is true and correct. If any of the information changes, I/We will advise NFFAR promptly.

Signature _____ Date _____

Spouse/Partner/Roommate's Signature _____