



F.A.T. Katz

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ADOPTION APPLICATION

To be considered for an adoption you must meet the following: be at least 18 years of age, have legal identification with you, be able to verify that you can have cats where you live, be financially able to provide for the cat's needs, be willing to discuss this application with a F.A.T. Katz representative, and be an appropriate adopter for the cat you desire. This form is not only to provide proper education on the commitment of owning a new cat/kitten, but also to ensure that you understand the full responsibility of the care involved with your new cat. Adoptions are subject to approval.

Name: _____ I.D. _____ Expires: _____

Address: _____ Apartment Number: _____

City: _____ State: _____ Zip Code: _____

Phone @ Home: _____ Work: _____ Cell: _____

Email: _____

Occupation: _____ Employer: _____

Source of Income: _____

Date: _____ Name of cat desired: _____

How did you hear about F.A.T. Katz.? _____

How long at your present address? _____ Are you planning to move in the next 6 months? _____

Please circle - Do you? Own Rent House Apt. Military housing Live w/parents Have roommates

If you rent, do you have your landlord's permission to own a pet? _____

How many people are in your household? Adults: _____ Children: _____ Ages of children: _____

Are family members aware that you are considering adopting a cat? _____ Anyone allergic to cats? _____

If you or a family member developed an allergy to the cat, what would you do? _____

If any of the following occurred would you be able to keep the cat?

You or a family member became seriously ill? _____ You became unemployed? _____

You were transferred or moved out of state? _____ You moved to a different location in city/state? _____

Your family composition changed (marriage, divorce, new baby)? _____

Please list all pets you **currently have** in your household or **have had in the last 5 years**:

Type of Pet	Sex	Age	Neutered (yes/no)	Kept inside or outside	Time owned/what happened?
a. _____	_____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____	_____
e. _____	_____	_____	_____	_____	_____

Who is your veterinarian? _____

Who will care daily for the cat? _____ Are you willing to provide a lifelong home for this cat? _____

What would you do if the cat developed a serious illness or injury which required treatment that would cost:

up to \$500? _____

more than \$500? _____

Are you able to spend \$25 - \$30 a month on food, litter and toys? _____

Are you able to spend between \$50 - \$80 annually for checkups and annual shots? _____

Where will the cat be kept during the day? _____ At night? _____

Where will the cat sleep? _____ Where will the cat eat? _____

Where will you keep the litter box? _____ Do you own a scratching post/tree? _____

Will you let the cat outside; how often; and for what reasons? _____

How do you feel about declawing? _____

Do you have a doggie door? _____ Where does it lead to? _____

Do you have screens on all your windows? _____ Do you own recliner furniture/type? _____

How many hours per day will the cat be alone? _____ How frequently do you travel out of town? _____

Who will care for the cat when you travel? _____

What will you do if the cat doesn't get along with your present pet(s)? _____

Why do you want this cat? _____

If the cat gets lost, what steps will you take to find it? _____

Your cat may take **two months** to adjust to his/her new home. How will you deal with this? _____

Would you be willing to be a temporary foster parent for **other** F..A.T. Katz cats? _____

Name and phone number of 2 personal references:

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Signature of Applicant: _____

F.A.T. Katz Representative: _____

Comments: _____
