



# 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_