



Helping homeless and abused cats

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www.furryfriendswa.org

Tax ID 91-2002817

## Adoption Application

Cats Name: \_\_\_\_\_ Description of the cat: \_\_\_\_\_

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Employer: \_\_\_\_\_

If Renting:

Landlord Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### REFERENCES (PLEASE PROVIDE THREE)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

### FAMILY INFORMATION

How many members are in your direct family? \_\_\_\_\_ Number of Adults: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Ages of Children: \_\_\_\_\_

Are there any family members with allergies? \_\_\_\_\_

## INFORMATION ABOUT YOUR PETS

How many pets do you currently have? \_\_\_\_\_ Species: \_\_\_\_\_

Ages of Pets: \_\_\_\_\_

Are their vaccines current? \_\_\_\_\_ Spayed / Neutered: \_\_\_\_\_

Indoor: \_\_\_\_\_ Outdoor: \_\_\_\_\_ Indoor / Outdoor: \_\_\_\_\_ Do you have a pet door? \_\_\_\_\_

How many hours on average per day is your pet without human companionship? \_\_\_\_\_

How many hours per day does your pet spend outdoors? \_\_\_\_\_

Have you had pets in the past: \_\_\_\_\_

Where are they now? \_\_\_\_\_

Name of your vet: \_\_\_\_\_ Contact Number: \_\_\_\_\_

(By my signature below I authorize veterinarian(s) to release information about my pets to Furry Friends)

## MISCELLANEOUS QUESTIONS

Have you requested a cat/kitten be declawed (tendonectomy) in the past? \_\_\_\_\_

Is declawing a consideration for this cat? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

How do you plan to help this cat adjust to their new home and family? \_\_\_\_\_

Why are you interested in adopting this cat? \_\_\_\_\_

## ADOPTION CONDITIONS

Upon approval of adoption, I do hereby agree to all of the following:

1. To keep all cats indoors or in a harness and leash when outside.
2. If renting, to provide proof cats are allowed and deposits paid.
3. To be available for home inspection by a Furry Friends representative.
4. To NOT declaw or have a tendonectomy performed.
5. To provide nutritious food, fresh water, shelter and kind treatment at all times.
6. To provide veterinary care to ensure good health and as needed for illness or injury.
7. To notify Furry Friends of developing behavior issues and be willing to work to resolve them
8. To use appropriate pet carrier for transportation.

## **ADOPTION IS A LIFETIME COMMITMENT**

Furry Friends is an all-volunteer, non-profit 501c3 organization that operates solely on donations. Donations are tax deductible as the law allows and covers only a portion of the expense of diagnostic testing (FIV/FELV) vaccines, food, shelter, and other medical needs.

The suggested donation for cat/kitten, is \$80 for one, \$100 for two, if adopted at the same time.

Persons at least 60 years of age who adopt a cat 3 years or older will receive a senior rate of \$60 for one, \$80 for two, if adopted at the same time.

No cash refunds will be given for the return of a Furry Friends cat. However, under certain circumstances, a credit will be given towards another Furry Friends cat.

**WE RESERVE THE RIGHT TO REFUSE AN ADOPTION AT ANY TIME**

### **ADOPTER (OVER 18 YEARS OF AGE)**

The information on this application is correct and accurate to the best of my knowledge.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*Signature of Adopter*

Accepted by \_\_\_\_\_ Date \_\_\_\_\_  
*FURRY FRIENDS Volunteer Member*

### **FOR OFFICE USE ONLY**

References Checked: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Copy of Pet Deposit Receipt (if renting): \_\_\_\_\_

Adoption Conditions: \_\_\_\_\_

Adoption Donation Collected: \_\_\_\_\_

Comments: \_\_\_\_\_