

FOSTER/ADOPTION APPLICATION

Please note: completing an application does not guarantee an interview, and City Critters reserves the right to decline any adoption. You may check the status of your application by e-mailing info@citycritters.org.

We ask adopters to sign an adoption agreement and pay a non-refundable **\$100 fee per cat** towards our costs for vet care and supplies. We deliver cats to the home.

Thanks for your time and patience in answering these questions. Please write legibly!

Name: _____ Date: _____

Address: _____

Telephone (home): _____ (work): _____ e-mail: _____

Is your home telephone listed in your own name? Yes No

Are you adopting a cat: for your home for someone else for your workplace?

Do others live with you? Yes No Who? _____

Do all household members want to adopt a cat? Yes No Is anyone allergic? Yes No

Briefly describe your residence: _____

Do you: own rent sublet? How long have you lived there? _____

Do you live in NYCHA housing? Yes No Does your building allow pets? Yes No

On what floor do you live? _____ Are your windows completely screened? Yes No

Will cat have outside access? Yes No Do you keep household plants or cut flowers? Yes No

Do you have a: terrace balcony deck backyard elevator inside living space washer-dryer?

Do you travel with your cats? Yes No Where? _____

Employer: _____ Occupation: _____

Work schedule: _____ How long have you worked there? _____

Does your job require travel? Yes No

Does your budget allow for the cost of maintaining a pet, and can you cope with vet expenses? Yes No

Do you have other pets now? (species/age/breed/sex): _____

Are they: neutered vaccinated FeLV/FIV tested (cats) declawed (cats)

Have you had cats in the past? Yes No Please give a few details: _____

Which veterinary clinic will you use, if you know? _____

What kind of food do you prefer to feed (wet, dry, brand, if you know)? _____

What kind of cat(s) do you wish to adopt (age range, color, sex, short/long hair, disposition, breed)? _____

Do you need your cat tested for toxoplasmosis? Yes No (*Note: testing for toxoplasmosis is not part of the routine veterinary care provided by City Critters and must be paid for by the adopter.*)

Would you prefer to adopt a declawed cat? Yes No One that can catch mice? Yes No

Cats often live to be 18 or older. Do you believe you will be able to keep your cat for its full life span? Yes No

What provisions will you make for the cat's future, in the event that you can no longer care for it?

Please supply appropriate references (name and phone number). We will call at least one.

1. _____

2. _____

3. Close friend/next of kin: _____

How did you find out about our adoption program? _____

The above information is true, and I authorize CCI to contact those listed above.

Signature: _____ ID: _____