



Mailing Address:
PFFSAA
1812 O'Berry Center Rd.
Goldsboro, NC 27530
(919) 394-5708

info@purrfectfriendsfelineshelter.org
www.purrfectfriendsfelineshelter.org

Adoption Application

Note: Application must be filled out completely. Print clearly and in ink. We may use information you provide to confirm any information. Thank you and someone will be in touch with you soon.

Pg.1 – General Info Pg.2 – Household, Personal Pets Pg.3 – Preference, References, Acknowledgment

In order to be considered for an adoption, you **MUST**:

- “ ***Be 21 years of age or older (age 18 if approved)***
- “ ***Have identification showing your present address***
- “ ***Have knowledge and consent of landlord/homeowner (if applicable)***
- “ ***Be able and willing to spend the time and money necessary to provide medical treatment and proper care for the life of a pet.***

General Info

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ (Hm / Cell) Alt # _____ (Hm / Cell)

Email _____

Best Time To Contact You _____

Employer _____ Work Phone _____

Spouse/Partner Name _____

Spouse Employer _____ Work Phone _____

How did you hear about PFFSAA?

_____ Newspaper _____ Radio _____ TV _____ Friend _____ Our Website

_____ Petfinder.com _____ Online Search _____ Event _____ Other

Why do you want to adopt a cat/kitten? _____



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Household

Do you: Own Rent Live w/ Parents Other (Explain) _____

Landlord Name/Phone # _____

Do you live in a: House Townhouse/Condo Mobile Home Apartment

Will you allow a representative to visit your home? Yes No

Best time for visit: _____

Please list the names of all household members. Include ages for household members under 18.

_____	_____
_____	_____
_____	_____
_____	_____

For whom are you adopting this pet?

Self Children Family Other Pet Other (Explain) _____

Who will be primarily responsible for the care and supervision of the animal? _____

Will this cat be in the presence of children frequently? If yes, what ages? _____

Do any household members have known allergies to cats? Yes No

Are there any disabilities that may cause difficulty in caring for a cat/kitten? If yes, explain: _____

What will happen to this cat if you move? _____

Are you prepared to accept the cost of a cat in your home? Yes No Not Sure

Personal Pets

As an adult, have you owned a cat? Yes No

Veterinarian name/clinic: _____

Please list all pets that you have had in the past 2 years (both current and those you no longer have):

Breed/Type	Age	Sex	Spayed/Neuter	How long owned?	What happened to him/her?	Approx. Date of last vaccination



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Cat Preference

How many hours each day will the cat be left alone? _____

Will the cat be confined when left alone? If so, where? _____

Do you plan on declawing the cat? If so, for what reasons? _____

For what potential problems do you feel unprepared? _____ Biting _____ Housebreaking/Marking

_____ Not good w/ other animals _____ Scratching _____ Excessive Grooming

_____ Excessive activity level _____ Medical issues _____ Other: Explain _____

Is there a preference on sex, color, size, breed, and/or age? Explain _____

References

List two references:

*Name _____

Phone Number _____

*Name _____

Phone Number _____

Acknowledgment By signing below I hereby understand that I certify that the above is true and understand that any and all false information may result in nullifying this adoption. I understand that even if I have a preference, PFFSAA volunteers will do their best to pair me with a cat/kitten that will work with me. I also understand that if it doesn't work out with the cat/kitten, I have 30 days to choose another cat or a \$30 refund. This is known as PFFSAA's Adoption/Foster Program. I understand that this questionnaire remains the property of Purrfect Friends Feline Shelter And Adoptions.

Signature

Date

Please return this form to the shelter so that we may review it with you.

***** ALL CATS AND KITTENS, UNLESS OTHERWISE STATED ON ADOPTION CONTRACT, WILL BE SPAYED/NEUTERED, SHOTS AND MICROCHIP*****