

# CITY CRITTERS FOSTER/ADOPTION APPLICATION

rev. 09.2007

**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](mailto: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: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

e-mail: \_\_\_\_\_ How do you prefer to be contacted? \_\_\_\_\_

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: \_\_\_\_\_

How long have you lived there? \_\_\_\_\_ Do you: ☐ own ☐ rent ☐ sublet? On what floor do you live? \_\_\_\_\_

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

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

Are all your windows completely screened? ☐ Yes ☐ No Will your cat ever go outside? ☐ Yes ☐ No

Do you keep household plants or cut flowers? ☐ Yes ☐ No Candles? ☐ Yes ☐ No

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 veterinary expenses? ☐ Yes ☐ No

Have you had cats or other pets in the past? ☐ Yes ☐ No Please describe (what kind of pets you had, where they are now, etc.): \_\_\_\_\_

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

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

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

Which veterinary clinic will you use? \_\_\_\_\_

What kind of food do you prefer to feed (wet, dry, brands)? \_\_\_\_\_

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 (to be filled out by CCI representative): \_\_\_\_\_