



MAIL TO
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Portland, ME 04104

OFFICE LOCATION
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Portland, ME 04101

PHONE 207.797.3014
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EMAIL
office@feralfelines.net

WEBSITE
www.feralfelines.net

FACEBOOK
<http://tinyurl.com/FoFFonFB>

Adoption Questionnaire

Adoption requirements: please initial each line to agree to the terms of adoption:

_____ I am 18 years or older.

_____ I will keep the cat indoors, provide food and water daily, and veterinary care.

_____ I will transport the cat outside my home in a secure carrier and not in my arms.

_____ I will not declaw the cat. This is part of our adoption contract. If a cat adopted from us is declawed, we reserve the right to take it back due to breach of contract.

_____ I have prepared any children living at my home for the arrival of the pet and will supervise them to ensure the safety of the cat or kitten as well as the child.

_____ I agree to keep Friends of Feral Felines as the alternate contact on microchip registrations.

_____ If I can no longer care for the cat, I will contact Friends of Feral Felines for directions. The adoption fee will not be returned.

Your information:

Name: _____

Address: _____

Phone: _____ Email address: _____

Do you work outside the home? Yes No (circle one)

Are there children under 18 in the house and if so please list ages: _____

Have you adopted from FoFF before? Yes No (circle one)

Which cat(s) would you like to adopt? _____

Additional Information:

**Housing Information:**

Do you own or rent your home: Rent Own (circle one)

If you rent, please provide your landlord's name and phone number so we can verify that cats are allowed at your residence:

Landlord's name: _____ Phone: _____

Please provide the following information on current pets living in your home:

Owner's name	Animal name	Type/breed	Age & Sex	Spayed or neutered? Y/N	If a cat, is it declawed? Y/N

List additional animals on the back and include when you scan and send the application.

Veterinarian Information

If you currently have pets or have had a pet in the past 5 years, please provide where they received care:

Veterinary clinic name: _____

Address: _____ Phone _____

Please complete and return this application to foffadoptions@yahoo.com. Please put the cats' names on the subject line.

Applicant(s) signature: _____

Date: _____