

Adoption Application
FRIENDS OF HOMELESS ANIMALS Of No. NJ, Inc.

PLEASE COMPLETE THIS QUESTIONNAIRE TO BE CONSIDERED AS AN ADOPTER. FRIENDS OF HOMELESS ANIMALS (FoHA) RESERVE THE RIGHT TO REFUSE ADOPTION. ALL APPLICANTS MUST BE 21 OR OLDER.

NAME: _____ **NAME OF SPOUSE/ROOMATE (S)** _____

HOME ADDRESS: _____ **City** _____ **State** _____ **zip code** _____

HOUSEHOLD MEMBERS: Adults _____ Children _____ Ages of Children _____

OCCUPATION (S) _____ **# Hours At Work / day** _____

How long have you lived at your present address? Yrs _____ Months _____

Contact# Home () - _____ Work () - _____ Cell () - _____ **E-Mail:** _____

DO YOU RENT OR OWN YOUR HOME? House _____ Townhouse _____ Condo _____ Apartment _____ Mobile Home _____ Live with relatives _____

IF YOU RENT, ARE PETS ALLOWED? Yes _____ No _____ **If you own, can you provide proof in the form of deed or property tax statement?** _____

PLEASE LIST YOUR LANDLORD'S NAME AND PHONE NUMBER Name: _____ Phone # () _____

MARITAL STATUS: Married _____ Single _____ Divorced _____ Separated _____ Widow _____

AGE: 21-35 _____ 36-59 _____ 60+ _____

I AM INTERESTED IN ADOPTING:

Kitten (2-4 Months) _____ Adolescent (4 months-1 year, _____ Adult cat (over 1 year); _____ Senior (over 7 yrs.), _____ Special Needs _____

THE REASON I WANT A CAT OR KITTEN IS,

DO YOU UNDERSTAND THAT THERE IS AN ADOPTION FEE FOR EACH ANIMAL?
Yes _____ No _____

WILL YOU ALLOW A HOME VISIT FROM FRIENDS OF HOMELESS ANIMALS?
Yes _____ No _____

IS THE PET FOR YOUR FAMILY? Yes _____ No _____ **If you checked no, who is it for?**

IF YES, DOES THE ENTIRE FAMILY WANT A CAT OR KITTEN? Yes _____ No _____

IS THE CAT OR KITTEN A GIFT? Yes _____ No _____ **WHO IS THE GIFT FOR?**

WHO WILL BE RESPONSIBLE FOR THE CARE OF THE CAT OR KITTEN?

IS ANYONE IN YOUR HOME ALLERGIC TO CATS? Yes _____ No _____

IS THIS YOUR FIRST EXPERIENCE WITH A CAT OR KITTEN? Yes _____ No _____

IT MAY TAKE YOUR NEW CAT OR KITTEN A MONTH (OR LONGER IF OTHER PETS ARE INVOLVED) TO ADJUST TO ITS NEW HOME. HOW WILL YOU HANDLE THIS SITUATION?

DO YOU PLAN TO DECLAW? Yes _____ No _____ **If SO, WHY?**

WHERE WILL YOUR NEW CAT/KITTEN LIVE? (CIRCLE)

INDOOR _____ **INDOOR/OUTDOOR** _____ **OUTDOOR** _____ **GARAGE** _____ **BASEMENT** _____ **OTHER** _____

Email Foha@sbcglobal.net

(888-224-7045)

www.foha.petfinder.com

HOW WILL YOU HANDLE THE SITUATION IF YOUR CAT OR KITTEN DISPLAYS DESTRUCTIVE BEHAVIOR SUCH AS SCRATCHING FURNITURE, MISCHIEVOUS BEHAVIOR, ETC?

DO YOU HAVE OTHER PETS AT HOME NOW? Yes No If yes, please list them below

Cat/Dog/Other & Breed				
Indoor/Outdoor				
Spayed/Neutered				
Age(s)				
Vaccinated?				

OTHER THAN THOSE LISTED ABOVE, INDICATE PETS OWNED BY YOU IN THE LAST 10 YEARS:

Were any lost? Yes No Hit by a car? Yes No Put to sleep? Yes No
Given away? Yes No To whom, why & when?

PLEASE LIST THE NAME AND PHONE NUMBER OF YOUR VETERINARIAN (required)

Name Veterinary Office:
City:
Telephone No:

PLEASE PROVIDE TWO (2) REFERENCES: (Consider friends, neighbors, co-workers etc.; no family members please)

Ref. #1) Name: Phone # () -

Ref. #2) Name Phone # () -

Who will care for your pet when you are on vacation or away?

HAVE YOU EVER APPLIED FOR ADOPTION AT ANY OTHER SHELTER ORGANIZATION OR RESCUE GROUP? Yes No
IF YES, WHICH ONE?

HAVE YOU EVER BEEN DENIED THE ADOPTION OF A PET FROM ANY OTHER SHELTER, ORGANIZATION OR RESCUE GROUP? Yes No If yes, when? Where?
Why were you denied?

HOW DID YOU HEAR ABOUT FRIENDS OF HOMELESS ANIMALS?

IF YOU HAD TO MOVE TO A PLACE WHERE PETS WERE NOT ALLOWED, WHAT WOULD YOU DO WITH YOUR CAT OR KITTEN?

IF SOMETHING SHOULD SUDDENLY HAPPEN TO YOU, E.G. INCAPACITATION OR DEATH, HAVE YOU MADE ARRANGEMENTS OR PROVISIONS FOR THE CARE OF YOUR PET(S)?
Please explain....

DO YOU AGREE TO CONTACT FRIENDS OF HOMELESS ANIMALS IF YOU CAN NO LONGER KEEP THIS CAT OR KITTEN?
(Linda 973-620-0284)
Yes No

I CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND UNDERSTAND THAT ANY FALSE INFORMATION GIVEN BY ME OR CONTAINED WITHIN THIS DOCUMENT WILL NULLIFY THIS ADOPTION.

Signature _____ Date: _____