

Feral Cat Rescue, Inc.
PO Box 623, Great Mills, MD 20634
Tel: 301.481.0171



Email: info@feralcatrescuemd.org
www.feralcatrescuemd.org
www.facebook.com/FeralCatRescueofSoMD

ADOPTION APPLICATION

It is **Feral Cat Rescue** (FCR) policy to attempt to place each of our rescued animals in a home that is well-suited to their needs. Once an animal is placed from our rescue, the animal cannot be sold, given away, or otherwise transferred. *If the adopter is, at any time, unable to keep or continue to maintain the animal for any reason, the animal must be returned to FCR.*

Please submit application to: info@feralcatrescuemd.org

FCR reserves the right to deny adoption to any applicant based on findings during our adoption process.

Cat Name: _____

Date: _____

Applicant Information

First Name: _____

Middle: _____

Last Name: _____

Date of Birth: _____

Street Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Co-Applicant Information

First Name: _____

Middle: _____

Last Name: _____

Date of Birth: _____

Street (or Same): _____

City, State, Zip: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Residence Information

Are you or your spouse in the military? _____ If so, do you have an idea when you are to be transferred? _____

Do you: Own Rent If renting, does your lease/landlord allow pets? Yes No

Landlord Name: _____ Landlord Phone: _____

Please list all adults who live in the household:

Name: _____ /DoB _____

Name: _____ /DoB _____

Name: _____ /DoB _____

Name: _____ /DoB _____

Please list all states and counties you have lived in the past ten years: _____

26. Has a dog/cat ever been stolen, lost, or die prematurely? Yes No (if Yes, please explain): _____
-
27. Has it ever been necessary to sell or give a pet away? Yes No (if Yes, please explain): _____
-
28. Have you ever surrendered a dog/cat to a shelter? Yes No (if Yes, please explain): _____
-
29. Have you ever euthanized a pet? Yes No (if Yes, please explain): _____
-
30. If you are unable to keep this pet, you will be responsible for ensuring its safe return to FCR. If living outside the area, all travel costs will be the adopter's responsibility. Are you willing to accept this responsibility? Yes No
31. If the cat must be on a prescription diet, and/or need daily medication, would you be willing and able to bear the added expense required to obtain the food and/or give the medication? Yes No
32. May a representative from our organization conduct a pre—and/or post—adoption home visit? Yes No
33. Should something happen to you, do you have a family member or close friend who would provide a home for your cat? Yes No
- *If yes, please provide their name and number: _____

Please read the following carefully

Cats and kittens shall be kept as inside pets only and should not be declawed.

By signing below, I am attesting to the truthfulness of my answers. Falsification of any of the above information will be grounds for rejection of this application and possible removal of adopted cat or dog from my home. I consent to FCR representatives discussing information on this application with any persons named on this application. Applicants must be 18 years or older. FCR reserves the right to refuse any applicant for any reason. All completed applications become property of FCR.

I give FCR permission to fully investigate the information provided as well as contact veterinarians and related officials. If the application passes this review, I agree to a home visit (if requested) on a mutually agreed date by an FCR representative before an adoption decision is made.

Furthermore, I understand and accept that the adoption decision depends upon many factors, including – but not limited to – the compatibility of the family and home to the individual animal and other applications received on the animal. I understand and accept that it is FCR's prerogative to decide which home is most appropriate for the individual animal, and therefore I will not take issue with the decision. Unless otherwise indicated by FCR, I may be considered for another animal.

Signature of Applicant: _____ **Date:** _____
(if emailing application, signature will be obtained at time of adoption)

Drivers License Number and State: _____ *(will be verified at time of adoption)*

Signature of Co-Applicant: _____ **Date:** _____

Drivers License Number and State: _____ *(will be verified at time of adoption)*

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For Office Use Only:

Adoption Coordinator: _____ Approved Denied