



Animal Protection Society of Friday Harbor
938 cattle point road PO Box 1355 Friday Harbor WA 98250
(360)378-2158 Admin Office | (360) 378-2159 Shelter Office
apsfh.com

ADOPTION APPLICATION FELINE

NAME OF CAT YOU WISH TO ADOPT : _____

PERSONAL DATA

Name _____ Email _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Alternate Phone _____

PLEASE LIST NAMES AND AGES OF EVERYONE LIVING IN YOUR HOUSEHOLD

Name & Age _____ Name & Age _____
Name & Age _____ Name & Age _____

PLEASE LIST TWO (2) PERSONAL REFERENCES OF PEOPLE NOT LIVING WITH YOUR, And NOT RELATED TO YOU OR EACH OTHER.

Name _____ Phone _____
Name _____ Phone _____

VETERINARIAN INFORMATION – This section MUST be completed for adoption consideration.

Name of Veterinarian _____
Address _____
City/ State _____ Zip Code _____ How many years? _____
Home Phone _____ Alternate Phone _____

LIVING SITUATION

1. Where do you live? ___House ___Apartment ___Condo ___Boat _____Other
2. Do you rent or own? _____
If you rent: Name and Phone of Landlord : _____ () _____
Is there a deposit fee for pets? YES / NO (if so, amount) \$ _____
3. Where will your new cat live? (please circle all that apply) HOME SHOP/BUSINESS BARN
INDOORS OUTDOORS BOTH INDOORS&OUTDOORS OTHER _____
4. How would you generally classify your home? Quiet/Calm Moderately Active Grand Central Station

ADDITIONAL INFORMATION

1. Are you a first-time cat owner? YES / NO
2. Why are you looking to adopt at this time? Please explain. _____
3. Can you tolerate “accidents” in your home while your new pet adjusts? _____
4. What plan of action will you use if “accidents” continue to occur? (for example, add additional litter boxes, relocate litter box, surrender to shelter, etc) _____
5. Is each and every household member 100% in favor of providing a forever home for this cat/kitten? _____
If not, what are their concerns? _____
6. Do all household members understand that it may take a few days / weeks for a new cat to become adjusted to its new home and other pets? YES / NO
7. Do you have the financial resources to provide for annual veterinary visits, vaccines, special diets and

medications your cat may need throughout its lifetime? _____

8. Do you or any of your family members have allergies to cats? (circle one) YES / NO

9. Do you currently have any other pets? If yes, please fill in the information below.

Name _____ Type _____ Age _____ Spay/Neutered Y / N Vaccinated Y / N
Indoor / Outdoor _____

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10. Would you be open to a "home visit" by APS-FH? YES / NO

11. What "traits/problems" would be UNACCEPTABLE in your new cat? (choose all that apply)

Destructive Scratching Escaping Shedding Nervous Shy Overly Energetic Aloof
Not House/ Box Trained Jumping on People/Counters/Furniture Not good with Other Pets

12. How would you plan to resolve the above "traits" or "problems"? (please circle or explain)

Seek Advice from Vet Consult with a Behaviorist Read a Book / Research Online
Surrender Pet to APSFH Other _____

13. What "traits" do you want in a cat? Gentle Playful Dependent Independent Confident
Curious Serious/Affectionate Feisty

14. What role will your new cat play in your life? (choose all that apply) Companion Family Pet
Rodent Control Companion for Another Pet Other _____

15. Have you ever surrendered a pet for any reason? If so, why? _____

16. What would cause you to surrender a pet? _____

17. Who is your employer? _____

18. Are you in the Military, National Guard or Reserves? _____

I UNDERSTAND COMPLETING THIS APPLICATION IS NOT A PROMISE OR GUARANTEE OF ADOPTION APPROVAL but a starting point for the APS-FH adoption team to evaluate my lifestyle and the preferred lifestyle for the cat in question. Not passing the qualifications for one cat does not mean that a different cat would not be a better match. Our goal is to find the right cat for your needs and the right home for each cat.

By signing below, I certify the information provided within this application is true and correct. I understand that if I have given any false information it could result in this application being denied and that if I do not completely fill out the application it could result in my application being less likely to be selected. If staff have questions about any of the information on your application, you will be contacted for clarification. All applicants will be contacted once a decision is made. My signature below gives APS-FH permission to contact my veterinarian, references and any other persons or entity to verify that the information within this application is true and correct to the best of my knowledge.

SIGNATURE _____ **DATE** _____

***** DO NOT WRITE IN BELOW AREA *****

APPROVED / DENIED DATE _____ STAFF SIGNATURE _____

PAID : YES / NO AMOUNT \$ _____ CASH _____ CHECK# _____ C.C. _____

ANIMAL NAME _____ FILE NUMBER _____ Circle : CAT KITTEN

IF KITTEN IS NOT YET SPAYED, HAS SPAY/NEUTER DEPOSIT BEEN PAID? YES ___ NO ___

ADOPTION DENIAL REASON: _____