

Adoption Application



EB FELINE REHOMING
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P.O. Box 25662
Fort Wayne, IN 46825

Full Name _____ Home Phone _____
Address _____ Apt. _____ City _____ State ____ Zip _____
Email Address _____ Cell/Alternate Phone _____
Employer Name _____ Age _____
Spouse/Housemate Name _____ Cell/Alternate Phone _____
Spouse Employer _____
No. of Children in home _____ Ages of Girls _____ Ages of Boys _____
Do you rent or own your home? ____ Rent ____ Own
Do you have permission from your landlord to have this pet? ____ Yes ____ No
Landlord's Name _____ Landlord Phone _____
How long have you lived at this address? ____ years ____ months

Why have you decided to adopt a new pet? _____

Current pet(s) in home:

| Type of pet (dog/cat) | M/F | Spayed/Neutered | Age | How long have you had? |
|-----------------------|-------|-----------------|-------|------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Are all your pets current on vaccinations and rabies? ____ Yes ____ No
Inside or outside pets? ____ Inside ____ Outside

Current veterinarian _____ City/State _____
Will you direct your veterinarian to release your pet(s)' medical history to us? ____ Yes ____ No

Have you owned other pets in the past? ____ Yes ____ No

If yes, please specify what happened to each pet below.

| Type of pet (dog/cat) | Age | What happened to the pet |
|-----------------------|-------|--------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Have you ever surrendered a pet to a shelter or rescue in the past? Yes No

Reason(s): _____

Where will the litter box be placed? _____

Where will food and water be placed? _____

Where will the cat be kept? Inside Outside Both

Who will take care of the cat/kitten if you have to be away temporarily (e.g. vacation, in hospital, etc.)?

If you have to move, what will you do with the cat? _____

Are you willing to commit to the health and welfare of this pet, knowing it could live up to 20 years?

Yes No

Do you plan to have the kitten/cat declawed? Yes No

Explain: _____

Do you agree to a home visit by a representative of EB Feline Rehoming? Yes No

As a condition of adoption, do you agree that if you are unwilling or unable to continue caring for this pet, you may NOT sell it or give it to another person but must have EB Feline Rehoming approve a new home first?

Yes No

It may not be known if an animal has been exposed to an illness or has a genetic disorder. We cannot guarantee the health of this pet. Do you understand this? Yes No

Because tests for FIV/FelV are not always accurate when done on kittens under 6 months of age, it is highly recommended you get your kitten retested after 6 months of age to be certain it does not have those diseases.

Do you understand this? Yes No

Do you give your permission for pictures of you and your pet to be used on our website or social media?

Yes No

The information I have given in this application is correct to the best of my knowledge. I understand that EB Feline Rehoming reserves the right to accept or reject any application. I understand that there may be a waiting period so information may be verified and/or certain requirements complied with.

I wish to adopt _____ Name(s) of kittens/cats

Signature _____ Date: _____