Feline Friendz in Nebraska Adoption Application

Name:				Day Phone #:	
Address:				Eve Phone #:	
City:	State:	Zip:		Best time to call:	
Email Addre	SS:	Wor	Work Name/Number:		
How long at	current address?] Rent □ Ov	wn	
I live in a:	□ house □ mobile home	□ condo □ apartment		☐ duplex □ other (please specify)	
If you rent, n	nay we contact the owner	to obtain permission	n for this anima	al to live in your home? \Box Yes \Box No	
Owner's nam	ne and phone number:				
	ne year at present address				
Address:			Rente	ed \Box Owned \Box	
City:		State:	Zip:		
	r yourself? □ Yes r 18 years of age? □ Ye		, who is pet for	?	
List all house Name:	ehold members, along wit	th the ages of all chil	dren: Age:		
Does anyone If "yes", to w	in the household have al what?	•	□ No		
If you move, \Box Ye	will you take this pet with \Box Yes, if landle		No	□ Not sure	

List all pets currently in your household, including roommate's pets:

Name/Type	Color/Breed	Age	Sex	Altered?	Other (declawed, FIV, etc)	Micro Chipped
	-					
Have you owned a pet in th If yes, please explain:					□ No 	
Current vet's name:					_	
Clinic name:				Phone #: _		
Can your vet verify the curr	ent vaccination history	on your	present	pets?	Yes 🗆 No	
Are you interested in a Cat	or Kitten?	•	-	-		
-						
Do you have a specific Fel	ine Frienaz in Ner	oraska	cat in 1	nind?		
Do you have a specific cold	or, breed, or gender in m	ind?				
If the cat you listed has alre	ady been adopted, are y	ou intere	ested in	adopting a	nother cat?	□ No
I want this cat to be a:	 □ household □ companion □ breeder 					
\Box indoors / outdoor \Box outdoors with she	s / outdoors occasionally s as it wishes	-	the day			
Have you turned animals in If "yes", please explain.	to a shelter before?	Yes 🗆] No			
Have you adopted from Fel					No	
Have you adopted from any	other shelter or pound	before?	\Box Ye	s 🗆 No		

In a 24-hour day, my pet would be alone for:

 \Box less than 4 hours

 \Box 4-8 hours

 \Box 8-12 hours

 \Box more than 12 hours

If more than 12 hours, please explain:

Are you aware of your local ordinances in regards to cats? \Box Yes \Box No
Will this cat share a litter box? \Box Yes \Box No
How many litter boxes will be provided in your home?
Are you willing to add an additional litter box if needed? \Box Yes \Box No
When traveling, who will watch your pet? take with me friend / neighbor / relative professional pet sitter kennel vet other (please explain)
Will you keep the animal up-to-date on vaccinations? \Box Yes \Box No
Are you willing to take responsibility for this pet for the next 10 to 15 years? \Box Yes \Box No
Do you plan to declaw this pet? \Box Yes \Box No
Would you be willing to allow a representative of Feline Friendz to do a home visit? Yes No
I certify that I have answered all questions truthfully, and I understand if any intentional false statements have been given, this application and any subsequent adoption may be voided. I also understand that there is an

adoption fee, which will be paid before any adoption is finalized.

Signature of Adopter

Printed Name

Date

Feline Friendz in Nebraska Adoption Counselor

Feline Friendz in Nebraska Adoption Agreement

As the adopting party I agree to the following provisions:

- I understand that only spayed and neutered animals are released for adoption
- I agree to provide the adopted animal with necessary inoculations at the intervals advised by my veterinarian.
- I agree that the adopted animal will be kept exclusively indoors and that a cat carrier will be used when transporting the adopted animal outside the confines of my property.
- If for any reason I cannot keep the adopted pet, I agree to return him or her at my expense, to Feline Friendz in Nebraska.
- I agree not abuse or neglect the adopted animal, and I authorize Feline Friendz in Nebraska at its sole discretion, to determine whether or not the pet has been abused or neglected.
- I understand that Feline Friendz in Nebraska cannot guarantee the health, temperament, or training of the above described animal, and hereby release Feline Friendz in Nebraska from all liability once the animal is in my possession. If a health problem develops during the first 10 days I will notify Feline Friendz in Nebraska to discuss the matter.

Remedy for noncompliance:

It is agreed the Feline Friendz in Nebraska retains superior title in said animal limited to and for the express purpose of assuring the animal's well-being and will only exercise its superior claim in the event it appears to Feline Friendz in Nebraska that the proper and humane care as specified in the above adoption provisions is not being afforded to the said animal, in which case the animal may be taken through a Claim and Delivery proceeding. The adoption fee is non-refundable.

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Address:				Eve Phone #:
City:	State:	Zip:		Best time to call:
Email Address:				
Driver's License Number: _				
Signature of Adopter			Date	

Feline Friendz in Nebraska Adoption Counselor

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Driver's License Number:	
Signature of Adopter	Date
Feline Friendz in Nebraska Adoption Counse	elor Prospective Adopter - Keep this copy