



No egos or politics in animal rescue.... **Only Kindness, Inc.**

ADOPTION APPLICATION - FELINE

Only Kindness Notes

This form is to help us determine the best match for both the adoptable kite/cat and the new family.

DATE: _____

| | | |
|---|--------|---------------|
| Name: _____ | | |
| (First) | (Last) | DATE OF BIRTH |
| Address: _____ | | |
| (Street) | (City) | (State) (Zip) |
| Phone: _____ | | Phone: _____ |
| (Home) | | (Cell phone) |
| E-mail address (please print clearly) : _____ | | |
| Employer _____ | | Phone: _____ |
| | | (Work) |

WHAT TYPE OF Cat(s) DO YOU DESIRE?

1. What are your reasons for adopting a cat(s)? Companion for _____ Playmate for _____ As a Mouser _____ As a Gift _____

2. Do you prefer Male Female Short Hair Long Hair

Age _____ Breed _____ Color _____ Temperament _____

3. How many hours per day are you normally away from your home? _____ When no one is home, where will the pet be kept? _____

4. Do you have any experience with behavioral issues and/or special needs cat(s)? No Yes _____

5. Is everyone in your household agreeable to adopting a cat(s)? Yes No 6. Is anyone in your household allergic to cat(s)? Yes No

7. Have you ever adopted from a rescue/shelter before? Yes No If yes, Rescue/Shelter Name & location _____

8. Have you ever given up a pet before? Yes No If so, what happened to the pet? _____

9. How will your new cat(s) spend her days? (Check everything that applies)?

- Indoor Outdoor Crated Basement Garage Porch Yard
- Cat Shelter Barn In one room Run of House

10. How will your new cat(s) spend her nights? (Check everything that applies)

- Indoor Outdoor Crated Basement Garage Porch Yard
- Cat Shelter Barn In one room Run of House

11. List all the adults and children (and their ages) in your household. Anybody allergic to cat(s)?

Only Kindness Notes

| NAME: | Relationship | Age: | Allergies? |
|-------|--------------|------|------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

12. Which family member will have the responsibility of caring for your new cat(s)?

13. Do you live in a: Single Family House Apartment Condo/Townhouse Other _____

14. Do you have screens on all your windows? Yes No

15. Do you own or rent? _____ 16. How long have you lived at this residence? _____

17. If you rent, does your lease include written permission to have a pet(s) _____

Landlord's Name _____ Address _____ Phone _____

18. Do you plan on moving soon? Yes No If yes, will you be taking your pet(s) with you or will you make other arrangements? _____

19. PET HISTORY What pets have you had previously?

| Name | Breed | F or M? | Fixed | Time in your Care | Reason No Longer With You |
|------|-------|---------|-------|-------------------|---------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

20. Do you have any other animals in your household now?

| Name | Breed | <input type="checkbox"/> Yes F or M? | <input type="checkbox"/> No Age | If yes, please list them here: Fixed? | Vaccinations - up to date? | Kept Where? | Time in your Care |
|------|-------|---|------------------------------------|--|----------------------------|-------------|-------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

21. What kind of food do you feed your pets?

22. What type of cat litter do you use? _____

23. Are/were any of your cats declawed? Yes No Do you plan on declawing your new cat(s)(s) ? Yes No Maybe

24. Have all cat(s)s currently in your household ever been tested for Feline Leukemia and FIV? Yes No Results:

25. Have any cat(s)s in your household ever been diagnosed with, or exposed to Feline Leukemia, FIV or Feline Panleukopenia? Yes No

26. Do you treat your pets with preventatives for fleas, ticks, parasites and heartworm? Yes No

27. What is your view on euthanasia? For Against Please Explain _____

REFERENCES

Your Veterinarian's Name _____ Phone: _____ Only Kindness Notes
Address: _____ Email _____

Please list three personal references (not relatives) whom we may contact.

Name _____ Phone: _____
Address: _____ Email _____

Name _____ Phone: _____
Address: _____ Email _____

Name _____ Phone: _____
Address: _____ Email _____

If you become incapacitated and are unable to care for your cat(s), please list your official designee (non household member after spouse)

Name _____ Phone: _____
Address: _____ Email _____

HOME VISIT: You agree to allow a representative from Only Kindness, Inc to visit your home by appointment as part of the application process.

I/we acknowledge that all information on this form is true and correct. I/we understand that any misrepresentation of fact may result in Only Kindness, Inc refusing adoption privileges to me/us. I/we authorize Only Kindness, Inc. to contact all veterinarians and references listed on the application, as well as the landlord if applicable. If my/our request for adoption is approved and later Only Kindness, Inc. discovers the above information is not true or correct, Only Kindness, Inc. reserves the right to remove the adopted cat(s) from my home .

Signature _____ Date _____

Print Name _____

BRINGING YOUR NEW FAMILY MEMBER HOME

Only Kindness Notes

28. Are you ready to commit 15 - 20 years to provide your new cat(s) with a safe, loving and caring home for the rest of his or her life? Yes No
29. Are you financially able and willing to provide annual checkups, vaccinations, and ANY medical care necessary? Yes No
30. Do you have a separate enclosed room for your new pet to live for a minimum of the first five days to gradually adjust to her new home? Yes No
31. What precautions would you take to properly introduce a new cat(s) into your home if you have other animals (dog cat(s), bird, rabbit, etc)?
32. Do you have space in your home to completely isolate your new pet from current household pets for the few days? Yes No
33. How long are you willing to allow the new cat(s)(s) to adjust to her new home?
34. What will you do if your new cat(s) does not get along with your present companion animals?
35. If disciplinary or behavior problem arises, what steps will you take to work on it?
36. If your cat(s) gets lost, in addition to contacting Only Kindness, what steps would you take to find her?
37. Who will care for your cat(s) if you go away for a weekend?
38. Who will care for your cat(s) when you are away on extended vacat(s)ion or in and emergency?
39. What will happen with your cat(s) if your family situation changes (i.e. marriage, separation/divorce, a new baby, a new companion animal, etc?)
40. What circumstances might arise that would lead you to consider giving up your cat(s)?

I/we have answered the questions above truthfully and completely. I understand that Only Kindness takes finding forever homes for their fosters seriously and will perform Veterinary and personal reference checks, as well as a home visit if necessary.

Signature

Date

RETURN APPLICat(S)ION during your orientation. If you prefer, you may also send Scanned copy by email.

***** Only signed applicat(s)ions will be accepted *****

Mail to: Only Kindness, Inc.
Attn: Adoption Coordinator
P.O. Box 4453 Wayne, NJ 07470

Phone: 973-897-7170
Email to: okindness@aol.com