

# Almost Home Foundation FELINE

P.O. BOX 308  
Elk Grove Village, IL 60009-0308  
(630) 582-3738  
[www.almosthomefoundation.org](http://www.almosthomefoundation.org)

Date \_\_\_\_\_ Cat's name \_\_\_\_\_ For FOSTER or ADOPTION

**Adoption requirements:** (1) Be at least **21** years of age, (2) Have the consent of all adults living in the household, (3) Have approval from the residence owner, (4) Have valid ID with current address, and (5) Be approved by Almost Home Foundation as a suitable adoptive home.

**Additional requirement for foster homes:** Must bring the animals to all adoption shows.

Name(s) \_\_\_\_\_ Driver's license # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_  
Cell phone (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_  
Do you work full or part time? \_\_\_\_\_ How long have you been employed at your present job? \_\_\_\_\_

**Residence information** (*residency requirements will be verified*)

Do you RENT or OWN? APARTMENT CONDO TOWNHOUSE SINGLE-FAMILY OTHER \_\_\_\_\_  
How long have you lived at your present address? \_\_\_\_\_ Any plans to move in the near future? YES NO  
What will you do with your animal when you move? \_\_\_\_\_  
Do you have a fenced yard, and if so, what is the height of the fence? YES NO \_\_\_\_\_  
If renting, Does your lease allow pets? YES NO Is a deposit required? YES NO Is there a weight limit? YES NO  
Is your landlord aware you intend to adopt an animal and have they given permission? YES NO  
Landlord's name/phone number \_\_\_\_\_  
Name and address of housing complex \_\_\_\_\_  
Did you bring a copy of your lease? YES NO

**Household information**

Number of adults/their relationship to you \_\_\_\_\_ Number of/ages of children \_\_\_\_\_  
Is this pet intended for your immediate family? YES NO Person primarily responsible for your new pet \_\_\_\_\_  
Any history of allergies in your family? YES NO If so, what? \_\_\_\_\_  
What is your family's current lifestyle: VERY ACTIVE ACTIVE MODERATE OFTEN HOME  
Number of hours you work per day \_\_\_\_\_ Number of hours your pet will be left alone per day \_\_\_\_\_

**Pet history** (for pets your currently own, or have owned in the past five years)

Name of pet	Type/breed and sex	Kept where (i.e., indoor, outdoor)	Spayed/neutered? Declawed?	Still own?	In no, what happened to the pet?

What inoculations has your current pet had in the last year? \_\_\_\_\_  
Have you ever given a pet away or relinquished a pet to a shelter? YES NO  
If yes, what were the circumstances? \_\_\_\_\_  
Have any of your pets ever been (circle all that apply) LOST HIT BY A CAR PUT TO SLEEP GIVEN AWAY  
If yes, what were the circumstances? \_\_\_\_\_

**New pet information**

Why do you want to adopt a cat/kitten? \_\_\_\_\_

Interested in Adult Cat \_\_\_\_\_ Juvenile (6 mo – 1 yr) \_\_\_\_\_ Kitten \_\_\_\_\_

Where will the cat be kept when you are at home? INSIDE OUTSIDE GARAGE OTHER \_\_\_\_\_

Where will the cat be kept when you are not at home? \_\_\_\_\_

Do you plan on using a cage? YES NO If so, when, why, and for how long? \_\_\_\_\_

Are you aware of the general pet care costs (food, inoculations, medical care, boarding, incidentals)? YES NO

Do you travel often with work or vacation? YES NO How often? WEEKLY MONTHLY YEARLY

Who will care for your cat in your absence? \_\_\_\_\_ What kind of ID will be kept on the cat? \_\_\_\_\_

How much time are you prepared to allow the cat to adjust to your home? \_\_\_\_\_

What will you do in the event of:

Litter Box Accidents \_\_\_\_\_ Spraying \_\_\_\_\_

Scratching People \_\_\_\_\_ Scratching other Pet \_\_\_\_\_

Climbing Curtains \_\_\_\_\_ Hiding \_\_\_\_\_

How would you introduce your cat to animals in your home \_\_\_\_\_

What will you do if introduction does not go well \_\_\_\_\_

What mood is a cat in when its tail is swishing back and forth and its ears are laying back \_\_\_\_\_

Under what circumstances would you give up your cat \_\_\_\_\_

In case of emergency, who will care for the cat \_\_\_\_\_

What veterinarian (or hospital) have you used or are going to use?

Name: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you aware of the **licensing regulations** and fees in your village? \_\_\_\_\_

Please list 3 personal references along with phone numbers (neighbor, friend, relative):

1. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship: \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship: \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship: \_\_\_\_\_

**Almost Home:**

How did you hear about Almost Home Foundation? \_\_\_\_\_

If it was a newspaper, which one? \_\_\_\_\_

Would you like information on becoming an Almost Home member? YES NO

Do you have any question or concerns? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I, the undersigned, certify that the information provided in this application is complete and accurate to the best of my knowledge. I understand that any misrepresentation of facts will result in my losing the privilege of adopting an animal from Almost Home Foundation. I realize that Almost Home Foundation has the right to deny my request to adopt an animal, either because the individual animal is not suitable to my circumstances, or on a more general basis. I understand that this application becomes the property of Almost Home Foundation, and all information given herein is for Almost Home Foundation's use alone. I, along with those persons accompanying me, assume risk of injury which may be incurred as a result of my viewing any animal under the care of Almost Home Foundation.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_