



## Islands Feral Cat Project Adoption Application

Adopters Name:

Address:

Kitten(s) you are interested in adopting:

Why are you interesting in adopting a kitten(s)? How many kittens are you interested in adopting?

Do you have any other pets in the house? If so, what pets do you have—what are the ages of the pets?

If you do not currently have pets, what experience do you have with animals?

Who is your current veterinarian?

In your experience, what is required for monthly care for cats? Are you financially able to give this care?

In your experience, what is required for annual care for cats? Are you financially able to give this care?

If you add a kitten(s) to you home, what would their typical day look like? How much alone time will they have?

Who will be the primary care giver for the kitten(s)? List the people and ages living in the household.

How soon are you looking to take ownership of the kitten(s)?

Will this kitten(s) be indoor only or indoor/outdoor?

Would you ever declaw a cat?

What access will the cat have in the house?

Where will the cat sleep at night?

Are you allowed to have pets on the property?

Are you able to pay an adoption fee of \$85 to help cover the spay/neuter/vaccination costs?

If you were to move, or were otherwise unable to keep your kitten(s), what would you do?

Is there anything else you would like to share?

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**Islands Feral Cat Project—[ifcp.tnvr@gmail.com](mailto:ifcp.tnvr@gmail.com)—912-777-3289**