

Friends of Linden Animal Shelter, Inc



CAT ADOPTION APPLICATION

PO Box 4042
Linden NJ 07036

www.linden.petfinder.org

E-mail - dogs: TheLindenShelter@aol.com

E-mail - cats: FOLASCats@aol.com

The following information is requested so that we can assist you in the selection of your new pet. The animal's welfare is our foremost concern. The consultation process is designed to help us assist you in finding the animal most compatible to your life style. This information will be kept strictly confidential.

Name of cat you are interest in:

Your Name:

Address:

City: State:

Zip:

Phone Numbers: Home: Work: Cell:

E-mail Address:

Driver License #: State: Exp.:

How did you hear about the Friend of Linden Animal Shelter?:

If from a newspaper, which one?:

Please complete all information. By signing below, you certify that you understand the following:

1. The Friends of Linden animal Shelter, Inc. reserves the right to refuse adoption to anyone.
2. The information contained within this application is accurate and not misleading to anyone.
3. The Friends of Linden Animal Shelter, Inc. reserves the right to contact any individual on this form.

Date: Electronic Signature:

Please complete the following information:

Please give careful consideration to adopting a pet. Animals are not toys or short-term commitments. make sure that your lifestyle allows the time, patience and expense this pet will need

over the years. Animals for adoption are placed with the adopters with full consideration given to the specific needs of each animal.

1 Is this your first experience with a cat?: Yes No

2 Do you have any other pets at home?: Yes No

If yes:

Type	Age	Name	Altered	Vaccinated	Kept where
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

3 If you don't have a pet(s), have you had pets in the past? Yes No

How long did you have your last pet?:

What happened to your last pet?:

4 Who is/was your veterinarian:

Name:

City: State:

Phone #:

5 How long have you resided at your present address?:

6 Do you currently live in a: House Apartment Other

7 Do you: Own Rent

If you rent, does your lease allow pets?: Yes No

Landlord's Name: Phone #:

8 How many people live in your household?:

Do all adults know you plan to adopt?: Yes No

If there are children in your household, list ages:

9 Does anyone in your household have any known allergies to animals?: Yes
 No

10 Where will the pet be kept during the day?:

Where will the pet be kept during the night?:

11 Is anyone home all day?: Yes No

If no, how many hours will the pet be left alone in a 24- hour period?:

12 Where will the pet be kept when alone?:

13 Where will the pet be during vacations?:

14 Are you financially prepared to give your new pet routine medical care such as

