

Feral Cat Rescue, Inc.  
PO Box 623 Great Mills, MD 20634  
Tel: 301.481.0171



Email: [info@feralcatrescuemd.org](mailto:info@feralcatrescuemd.org)  
[www.feralcatrescuemd.org](http://www.feralcatrescuemd.org)  
[www.facebook.com/FeralCatRescueofSoMD](https://www.facebook.com/FeralCatRescueofSoMD)

## ADOPTION APPLICATION

It is **Feral Cat Rescue** (FCR) policy to attempt to place each of our rescued animals in a home that is well-suited to their needs. Once an animal is placed from our rescue, the animal cannot be sold, given away, or otherwise transferred. *If the adopter is, at any time, unable to keep or continue to maintain the animal for any reason, the animal must be returned to FCR.*

Please submit application to: [info@feralcatrescuemd.org](mailto:info@feralcatrescuemd.org)

*FCR reserves the right to deny adoption to any applicant based on findings during our adoption process.*

**Cat Name:** \_\_\_\_\_

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

### Applicant Information

First Name: \_\_\_\_\_

Middle: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### Co-Applicant Information

First Name: \_\_\_\_\_

Middle: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street (or Same): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### Residence Information

Are you or your spouse in the military? \_\_\_\_\_ If so, do you have an idea when you are to be transferred? \_\_\_\_\_

Do you:  Own  Rent If renting, does your lease/landlord allow pets? Yes  No

Landlord Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

Please list all adults who live in the household:

Name: \_\_\_\_\_ /DoB \_\_\_\_\_

Name: \_\_\_\_\_ /DoB \_\_\_\_\_

Name: \_\_\_\_\_ /DoB \_\_\_\_\_

Name: \_\_\_\_\_ /DoB \_\_\_\_\_

Please list all states and counties you have lived in the past ten years: \_\_\_\_\_

\_\_\_\_\_



26. Has a dog/cat ever been stolen, lost, or die prematurely? Yes  No  (if Yes, please explain): \_\_\_\_\_
- 
27. Has it ever been necessary to sell or give a pet away? Yes  No  (if Yes, please explain): \_\_\_\_\_
- 
28. Have you ever surrendered a dog/cat to a shelter? Yes  No  (if Yes, please explain): \_\_\_\_\_
- 
29. Have you ever euthanized a pet? Yes  No  (if Yes, please explain): \_\_\_\_\_
- 
30. If you are unable to keep this pet, you will be responsible for ensuring its safe return to FCR. If living outside the area, all travel costs will be the adopter's responsibility. Are you willing to accept this responsibility? Yes  No
31. If the cat must be on a prescription diet, and/or need daily medication, would you be willing and able to bear the added expense required to obtain the food and/or give the medication? Yes  No
32. May a representative from our organization conduct a pre—and/or post—adoption home visit? Yes  No
33. Should something happen to you, do you have a family member or close friend who would provide a home for your cat? Yes  No
- \*If yes, please provide their name and number: \_\_\_\_\_

**Please read the following carefully**

*Cats and kittens shall be kept as inside pets only and should not be declawed.*

By signing below, I am attesting to the truthfulness of my answers. Falsification of any of the above information will be grounds for rejection of this application and possible removal of adopted cat or dog from my home. I consent to FCR representatives discussing information on this application with any persons named on this application. Applicants must be 18 years or older. FCR reserves the right to refuse any applicant for any reason. All completed applications become property of FCR.

I give FCR permission to fully investigate the information provided as well as contact veterinarians and related officials. If the application passes this review, I agree to a home visit (if requested) on a mutually agreed date by an FCR representative before an adoption decision is made.

Furthermore, I understand and accept that the adoption decision depends upon many factors, including – but not limited to – the compatibility of the family and home to the individual animal and other applications received on the animal. I understand and accept that it is FCR's prerogative to decide which home is most appropriate for the individual animal, and therefore I will not take issue with the decision. Unless otherwise indicated by FCR, I may be considered for another animal.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(if emailing application, signature will be obtained at time of adoption)*

Drivers License Number and State: \_\_\_\_\_ *(will be verified at time of adoption)*

**Signature of Co-Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Drivers License Number and State: \_\_\_\_\_ *(will be verified at time of adoption)*

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**For Office Use Only:**

Adoption Coordinator: \_\_\_\_\_ Approved  Denied