Feral Cat Rescue, Inc. PO BOX 623, Great Mills, MD 20634 Tel: 301.475.5059 Email: info@feralcatrescuemd.org www.feralcatrescuemd.org 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.

We work hard at matching our animals to adopters, so they may end their search for a loving, permanent home. Temperament, special needs, and personality are all factors in our placements.

Step #1 The Adoption Application

The initial step in our adoption process is the Adoption Application. The Adoption form must be filled out completely including vet information and two personal non-family references. Your application will be reviewed and your references will be contacted. We contact your veterinarian to ensure that your current or recently deceased pets were properly taken care of-this means being current on all vaccinations and spayed or neutered. In order to speed up the process, please contact your veterinarian and let them know to expect our call.

Step #2 Personal Interview

You will be interviewed by a FCR volunteer either through phone, email, or in person. This is an opportunity to learn more specifics about you, your family, your pets and the type of pet you are looking for. At this time, we may suggest that you consider a different animal; one that we may feel might be more acceptable for your situation. If you are completing your application in person, this will most likely be done at that time of completion.

Step #3 The Home Visit

If all goes well with the application verification, we will schedule a home visit. A home visit is required to ensure that your home is everything you say it is on the Adoption Application. It needs to be a suitable safe environment for your new pet. All pets and family members should be home at this time.

Step #4 Meeting Your Potential Adoptee

Once the Application has been reviewed and all references checked, arrangements will be made for you to meet with the animal you wish to adopt.

Step #5 Finalizing the Adoption

Once the adoption has been approved, we will contact you to finalize the adoption. You will need to sign the contract and pay our adoption fee. At this time you can pick up your new member of the family!

Please Remember: Our entire organization is staffed by volunteers. We have NO paid staff. Our volunteers must work your application around their business and personal lives. It may take as long as one week for you to hear from someone, but typically most applications are approved within 7-10 days. Please be patient and thank the volunteers you meet for their service to our community's homeless pet population.

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

Submit application to: info@feralcatrescuemd.org or PO BOX 623, Great Mills, MD 20634

Adoption Fee: \$125 *. This donation goes back to our rescue program to allow us to provide care for other cats and kittens. (* Fee may vary in special circumstances)

Name:	Date:	Breed:
Color:	Sex: ☐Male ☐Female	DOB:
If this animal is no longer availab	le, are you interested in being considered i	for another animal? YES NO

Applicant's First Name:	Middle Name:	Last Na	me:	Date of Birth:		
Street Address:						
City, State, Zip Code:			Email:			
Home Phone:			Cell Phone:			
Co-Applicant's Name:	Middle Name:	Last Name:		Date of Birth:		
Street Address (if different than above):						
Home Phone:						
Do you: Own Rent - If renting, does your lease/landlord allow pets? Yes No						
Please provide your landlord's name and phone number:						
Landlord Name: Landlord Phone:						
Please list all states and count	es you lived in the pas	t 10 year	s:			
Applicant's Employer:		Addres	s:			
Position:		Phone Number:				
Co-Applicant's Employer:		Address:				
Position:		Phone Number:				
Please provide name, phone number and/or email address for two references (other than relatives):						
1 Name:		Relatio	nship:			
Phone Number:	Em	nail:				
2 Name:	l	Relatio	nship:			
Phone Number:	Em	ail:				
Please answer the questions on the following questions as completely as possible.						
1. Please explain why you wish to adopt this animal:						
2. What do you think are the most important responsibilities in owning an animal?						
3. Does any member of the family have any allergies to animals? Yes No If yes, please explain:						

5. How many ad	lults live in you	ır household	? Children? (List ages)			
6. Is anyone hor	Is anyone home during the day? Who?						
7. Who will be r	esponsible for	caring for th	is animal?				
8. How many ho	ours will this p	et be alone o	n an average day?				
9. How much do licensing, etc.		e it will cost	to care for this ar	nimal each	year? Consider t	he cost of vet o	care, food, grooming
10. What kind of	veterinary car	e do you inte	end to provide?				
11. Please list the	e name and pho	one number (of your veterinaria	n:			
12. If you own ca	t(s), are they to	ested for FIV	and FELV?				
13. If a behaviora work on it?	al problem aris	ses, such as c	clawing furniture o	or urinating	g outside of the li	tter box, what :	steps will you take to
				r urinating Age	How long have you had the pet?	Indoors or outdoors?	where is the pet
work on it? 14. List all the pe	ts you have ow	vned in the p	ast five years: Spayed/		How long have you	Indoors or	Where is the pet
work on it? 14. List all the pe	ts you have ow	vned in the pa	ast five years: Spayed/ Neutered		How long have you	Indoors or	Where is the pet
work on it? 14. List all the pe	ts you have ow	Sex	sst five years: Spayed/ Neutered Yes No		How long have you	Indoors or	Where is the pet
work on it? 14. List all the pe	ts you have ow	Sex M F M F	sst five years: Spayed/ Neutered Yes No		How long have you	Indoors or	Where is the pet
work on it? 14. List all the pe	ts you have ow	Sex M F M F M F	sst five years: Spayed/ Neutered Yes No Yes No		How long have you	Indoors or	Where is the pet
work on it? 14. List all the pe	Type of Animal	Sex	Spayed/Neutered Yes No Yes No Yes No Yes No Yes No		How long have you	Indoors or	Where is the pet
work on it? 14. List all the pe Name 15. If you move, v	Type of Animal	Sex M F M F M F M F M F M F	Spayed/Neutered Yes No Yes No Yes No Yes No Yes No	Age	How long have you had the pet?	Indoors or	Where is the pet
work on it? 14. List all the pe Name 15. If you move, v 16. Are you willing	Type of Animal what will you on the growth of the growth	Sex M F M F M F M F M F M F M F M	Spayed/Neutered Yes No	Age xt 10-15 ye	How long have you had the pet?	Indoors or outdoors?	Where is the pet

19. Have you ever surrendered a dog/cat to a she	elter? Yes No If yes, please explain:
20. Have you ever euthanized a pet?	No If yes, please explain:
	be responsible for ensuring its safe return to FCR. If living out of the area, all cy. Are you willing to accept this responsibility? Yes No
Plea	se read the following carefully
Cats and kittens shall be kept as inside pets only a	and should not be declawed.
	s application. All applications will be carefully reviewed and you will be Please be patient while your application is reviewed. We strive to complete remember we are an all volunteer organization.
	es where they are will live permanently as a part of the family. We also strive that are best suited to their family. Our ultimate goal is to place the best ppily ever after.
grounds for rejection of this application and perpension representatives discussing information on this application.	ness of my answers. Falsification of any of the above information will be ossible removal of adopted cat or dog from my home. I consent to FCR plication with any persons named on this application. Applicants must be 18 any applicant for any reason. All completed applications become property of
	rmation provided as well as contact veterinarians and related officials. If the visit on a mutually agreed date by a FCR representative before an adoption
the compatibility of the family and home to the in and accept that it is FCR's prerogative to decide w	loption decision depends upon many factors, including but not limited to idividual animal and other applications received on the animal. I understand which home is most appropriate for the individual animal, and therefore I will e indicated by FCR, I may be considered for another animal.
Signature of Applicant: (If emailing application, signature will be obtained	Date: d at time of adoption)
Drivers License Number & State : (Will be verified at time of adoption)	
Signature of Co-Applicant:	Date:
Drivers License Number & State : (Will be verified at time of adoption)	
For Office Use:	
Adoption Coordinator:	
Phone Number:	Email address:
☐Approved ☐Denied	Date: