



## ADOPTION APPLICATION

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**Please fill in all blanks completely and clearly. Thanks!**

You must be at least 18 years old to apply. Use this form to submit our adoption application by email or mail.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Name of cat(s) you're interested in adopting? \_\_\_\_\_

What qualities are you looking for in this cat?  Social butterfly  Social but enjoys alone time  Lap cat  
 Enjoys the company of other cats  High energy  Moderate energy  Low energy  Comfortable  
with children  Comfortable with dogs  No Preference

Who will be the primary caretaker? \_\_\_\_\_

Name of adults and children in household. Please provide ages of children.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you describe your home?  Busy and loud  Moderate activity and volume  Low activity and quiet

What type of home do you live in?  House  Apartment  Condominium  Duplex  Other

Do you own or rent your home?  Own  Rent

Does anyone in the home have allergies, autoimmune disorders, respiratory issues?  Yes  No

Does anyone smoke inside the home?  Yes  No

Are there any pets living in your home? If yes, please list them with name, age, breed, sex, spayed or neutered.

\_\_\_\_\_

What is your current veterinarian's name, address, and phone number?

\_\_\_\_\_

Revised January 2022

Under what circumstances would you return or re-home this cat?

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Where will the cat be kept?  Free run of the house  Inside only  Indoor/outdoor  Outside only  
 Basement  Garage

Is there a pet door to the outside?  Yes  No

On average, how many hours a day will be spent visiting with the cat? \_\_\_\_\_

How many hours will the cat spend alone? \_\_\_\_\_

The alone time will primarily be:  Weekdays  Evenings  Weekends

How much of your time is spent traveling away from home? \_\_\_\_\_

Do you or your partner (if applicable) plan any major changes in employment, family, or a move in the near future?  Yes  No

Cats can live up to 15-20 years or older. Are you prepared to care for this cat for that length of time?  
 Yes  No

Are you able to provide medical care for routine wellness checks, illnesses, and injuries?  Yes  No

Are you willing to take the time needed to help your cat acclimate to his new home with you and your family?  
 Yes  No

Additional Comments:

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Please email the completed application to [info@longmontfriendsofcats.org](mailto:info@longmontfriendsofcats.org) or mail to:

LFFAC, P.O. Box 2205, Longmont, Colorado 80502

For questions call 303-257-3706. Thank You. We will be in touch soon!

Applicant First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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