

kittens



Adoption Application

Only Responsible People Should Apply for a Lifetime Commitment

PERSONAL INFORMATION

FIRST NAME

MIDDLE NAME/INITIAL

LAST NAME

STREET ADDRESS (Apt. No.)

CITY

STATE

ZIP CODE

HOME PHONE

WORK PHONE

CELL PHONE

E-MAIL

EMPLOYER NAME

EMPLOYER PHONE

Do you own or rent? Own Rent

If you rent, does your landlord allow pets? Yes No

May we contact your landlord to confirm the rules? Yes No

Landlord Name: _____ Phone: _____

Do you currently have a pet? Yes No

If yes, what type of pet? _____

Are you current on your vet bills? Yes No

Arlington, Virginia 22202

E-mail: kitten@floflair.com

Tel: 571.244.6334

Tel: 703.585.6710

Web: www.floflair.com



Do you plan on having a multi-cat home? Yes ____ No ____

Have you ever owned a pet? Yes ____ No ____

If yes, please give details, such as type of pet, amount of time he/she was under your care, etc.
(Use back if necessary)

Do you live alone? Yes ____ No ____

If no, please explain if you have roommates, children, or other pets in your home.

Do any of your housemates have allergies? Yes ____ No ____

Have your housemates already agreed to the new pet in the home? Yes ____ No ____

Roommate Name: _____ Phone: _____

REFERENCES

Please provide references that we may contact to confirm that you are a responsible pet owner.

VET REFERENCE

CLINIC NAME

CLINIC CITY

STATE

PHONE

PERSONAL REFERENCE

RELATIONSHIP

PHONE

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AFFIDAVIT

I certify that I am over eighteen (18) years of age and am capable of caring for a pet at this time in my life.

I hereby confirm that I have no ulterior motives for causing malicious harm, intending to cause harm or abuse a pet under my care (i.e., animal research, maiming, torture and/or death).

I hereby declare that my only goal is to love and care for this pet under my care. My wish is to give this pet the best home possible.

As declawing is a cruel and inhumane practice that leaves a feline defenseless, I pledge to not subject this pet to said procedure.

I promise to provide for this pet. If for some reason in the future I am unable to care for this pet due to my health or unforeseen international travel, I will find a good home and caretaker for this pet. I will contact the foster home for assistance in finding a caretaker.

I further understand that the information I have provided is in an effort to ensure that no harm comes to a pet under my care. My information will only be retained for said purpose.

While considering this adoption, I will not hold the foster home responsible for any physical, medical or personal property damage.

I SOLEMNLY AFFIRM under the penalties of perjury according to the laws of the Commonwealth of Virginia that the foregoing is true and correct based upon my personal knowledge and belief.

Signature _____ Date: _____

FOR ADMINISTRATIVE USE ONLY

ID Type & Confirmation: _____

References Called: Yes ____ No ____

Roommates Confirmed: Yes ____ No ____

Landlord Contacted: Yes ____ No ____

Fifty (\$50) Dollar Adoption Fee Paid: Yes ____ No ____

Comments: _____

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