

FORGOTTEN ANIMALS OF LOS ANGELES (FALA)

P.O. Box 2285

Toluca Lake, CA 91610

818-985-8121 or 818-762-2225

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www.forgottenanimalsofla.org

ADOPTION APPLICATION

Thank you for taking the time to complete this application. Please answer every question with as much information as possible.

In most cases the adoption donation is \$150.00, which covers, but is not limited to: spay/neuter, inoculations, worming, testing for feline leukemia virus/feline immunodeficiency virus, flea treatment and microchip.

Name: _____

Address: _____

Phone(s): _____

eMail: _____

Do you live in a house _____ apartment _____ condo _____ other _____

Do you rent or own? _____ If you rent, does your lease allow pets? _____

Will you provide us with a copy of your lease? _____

May we contact your landlord? _____

Landlord's name: _____

Landlord's telephone number: _____

How long have you lived at this address? _____

Do you object to a home check? _____

Do you have a doggie/cat door? _____

Do all of your windows have secure screens? _____

Do you have secure screen doors? _____

If you have cats, are they declawed? _____

Have you ever adopted an animal before? If the answer is yes, please tell us about the experience.

What is the name of the cat you're interested in adopting from FALA? _____

Will the cat be an indoor or outdoor cat? _____

Will you be getting the cat declawed? _____

Please list your place of business, with address and phone number.

Name of spouse/significant other: _____

Please list your spouse/significant other's place of business, with address and phone number.

If your relationship with your spouse/significant other changes, with whom would the cat remain? _____

If you have children, what are their ages? _____

Please list any additional people in your household.

What is your primary reason for adopting this animal?

Who will be responsible for the cat's care (feeding, vet trips, litter box cleaning)? _____

Has anyone in your household experienced allergies or asthma? _____

Are you prepared to care for this cat as a member of your family for 15-20 years? _____

How many hours a day will your cat be left alone? _____

Where will your cat be kept when left alone? _____

In what areas of your home will your cat be allowed? _____

Where will your cat be allowed to sleep at night? _____

Were you ever in a situation where you were unable to keep a pet? If yes, please explain.

Under what circumstances would you not be able to keep this pet?

Please provide three personal references, with address and telephone number(s).

I have read this application carefully and have filled it out honestly. This questionnaire will become part of the adoption contract with FALA.

Signature of applicant:

Date:

Notes (*for FALA's use*):