

P.O. Box 1498

Choteau, MT 59422

Phone: (406) 466-2100

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BRIGHT EYES CARE & REHAB CENTER Adoption Application Feline

Date: _____

Personal Information:

Name: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Driver's License # _____

How long at this address? _____ If less than 2 years, please list previous address: _____

Married: _____ Single: _____ Live with parents: _____ Age: _____

No. of children in the home: _____ Ages: _____

Name of employer: _____ Phone: _____

Name of spouse's employer: _____ Phone: _____

Does anyone in your family suffer from allergies? _____

Have you adopted from Bright Eyes Care & Rehab Center before? _____

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Residential Information:

Residence: House: _____ Apartment: _____ Condo: _____ Mobile Home: _____

Landlord's Name: _____ Phone: _____

Besides your immediate family, are there others residing in your home? _____

If yes, who? _____

Do you live near a highway or busy residential or country road? _____

Adoption Information:

Have you ever owned a cat? _____

Cats usually do okay by themselves for an extended period. What is the longest period of time the cat will be left alone? _____

Where will the cat be kept during that period or while you are at work? _____

If kept outside, will there be weatherproof shelter, food, and water? _____

During inclement weather, will you bring your cat inside? _____

Why do you want this/these particular cat/cats? _____

What will you do with your cat/cats when you leave on vacation? _____

What will you do if the cat scratches furniture, jumps on counters, or sheds to an excess?

Do you have any other pets? _____ What kind and how many? _____

Are these pets in your home spayed or neutered? _____

Vaccinations current? _____ Veterinarian's name: _____

What will your reaction be if your pet does not get along with the adopted pet in the beginning? _____

List three references including names and phone numbers:

1. _____

2. _____

3. _____

I certify that the above information provided is true and correct. I am financially capable of taking care of this animal and will provide the proper food and veterinary care required. I understand that a home check may be mandatory prior to the adoption and that any false statements constitute grounds for removal of the animal from my care. I also understand and agree that Bright Eyes Care & Rehab Center may demand the return of the animal for any violation of the terms of the adoption policy and contract.

Signature: _____

Date: _____

Bright Eyes Care & Rehab Center reserves the right to refuse any adoption.

FOR STAFF ONLY

Approved: _____

Denied: _____

Comments: _____