Donation: \$_		Intake Number(s):									
Microchip Fe	ee: \$		Cat's Name:								
Friends of Montgomery County Animals, Inc. Adoption Application											
Please fill out this application thoroughly. Incomplete or inaccurate applications will not be processed. By completing this application, applicant(s) certify that the information provided is accurate. Applicant(s) understand that any falsehood or misrepresentation of information will result in the rejection of the application to adopt. Simple background check, residency verification, veterinarian reference and home visit will be conducted prior to approval of application. Applicant authorizes the release of information from persons or agencies listed on this application. Applicant(s) understand that FMCA, Inc. reserves the right to refuse any request for adoption to anyone if it is in the best interest of the animal (Initials)											
Applicant Information Date of Applicant Date of Application											
Name of Applicant Date of Application											
Occupation			Work Hours/Days								
Name of addit	ional adults in home		How many children? Ages?								
Street Address			City/State/Zip Code								
Phone #1		Phone #2	SS								
		Household Inform	nation								
Own/Rent	Type of dwelling (si	ngle family, townhome, condo, other	r)	Length of time at residence (if renting, a 5-year rental history is required)							
If renting, does cats?	s your lease allow	Does your lease require a pet depos	it? How much?	Is there a monthly fee for your pet? How much?							
Landlord/Rent	al Company			Phone Number							
If moving becomes necessary, what will you do with your pets?											
List all allergies in household											
Where do you	plan on keeping your	pet? (Indoors, Outdoors, Both)	Where are you planning on placing the litter box(es)?								
What is the minimum cost you expect to incur in one year for the <u>medical care</u> of your cat? (Cost of food/litter is approximately \$300-\$500)											
Who will care for your pet(s) when you go on vacation?											
Please complete 2 nd page											
riease complete 2 ^{na} page											

List all pets living and deceased for the last 20 years .											
Type/Breed	Name	Age	Sex	Spay/ Neutered		Inside/ Outside	Declawed	Reason no longer with you			
Has your present cat(s) been tested for Feline Leukemia? Do you understand the risks associated with not testing your cat for Feline Leukemia?											
Have you ever surrendered an animal to a shelter, rescue, friend, family? If so, please explain.											
Under what circur	nstances would y	ou decla	aw your		t? Has anyone explained what is involved?			Are you aware of the alternatives?			
How will you train	n your new cat to	not scra	itch on f	urniture?							
Under what circur with cat's health,	-		ome you	r cat? (No	ew Job	o, New Baby, M	Ioving, Problem	n with cat's behavior, Problem			
Name of Veterina	rian				Ном	often will you	r pet visit the ve	st?			
Traine of veterina	· · · · · · · · · · · · · · · · · · ·				liow	onen win you	i pet visit the ve	α:			
Signature			Date		Drivers	License Numbe	er				
				FM	CA U	SE ONLY					
Resident Ownership: Verified: Yes / No			Initials:		Issues						
Rental: Landlord Verified: Yes / No			Initials:		Issues_	_ Issues					
Veterinarian Check Verified: Yes / No			Initials:		Issues_	_ Issues					
Background Check Verified: Yes /		No	Initials:		Issues_	Issues					
Home Visit Verifi		ed: Yes /	No	Initials:		Issues_	ssues				
Other:											