GREAT FALLS ANIMAL HOSPITAL		
10125 COLVIN RUN RD.		
GREAT FALLS, VA 22066		
703-759-2330		
www. Great Falls Animal Hospital. com		
CAT ADOPTION APPLICATION		
Adoption fee: \$200.00 (Covers FIV and	f Feline Leukemia test, 1st vacci	nes,
Deworming, Spay/Neuter & Microchip	pping)	
Name of cat to adopt:	Date of application:	
Name of adopter:	Home phone:	Work phone:
Address:	City/State/Zip:	
Do you own or rent your home?	If you rent the name ar	nd phone number of the landlord:
Name of current Veterinariannumber		
List the names and types of animals w	ith whom you have shared your	home in the past five years:
Name Type/Age Shots current? Altere	d? Do you still have this pet? If I	not, why?
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-		
Why do you want to adopt this cat?		-
How many adults live in your home? _	Children?	_ Ages of children
Where will the cat be kept during the day? At Night?		
This cat will be (please check)outc	loorindoor/outdoori	ndoor
Have you been accused of an animal c	ruelty crime?	

Are you in the military? Are you prepared to move with your pet?		
Are you a frequent traveler?		
How many hours a day will the cat be alone? What will you do with the cat if you travel?		
What will you do with the cat if you move?		
What pet behaviors would cause you to give up a cat? Please check corresponding box.		
Illness		
Scratching people or furniture		
Litter box problems		
Biting other pets and/or people		
Too active		
Incompatibility with other pets		
What changes in you home would cause you to give up the cat? Please check		
corresponding box.		
Allergies in family		
Loss of job		
Moving		
Pregnancy		
Will you provide veterinary care for this animal? Are you aware of the costs?		
A companion animal is a lifetime commitment. Do you know the lifespan of this cat?		
How did you hear about us? Current Client Facebook Friend		
Please sign certifying that the above information is accurate		
Forms may be dropped off at front desk. Please speak with Lisa for details.		