



4755 Rainbow Blvd. Westwood, KS 66205  
(p) 913-262-1600 (f) 913-262-9164

### Prospective Owner Application (Feline)

**No applicant owning an intact animal will be considered. Exceptions would be certification from a veterinarian saying the animal is not healthy enough to be altered, or the animal is either being shown or is a finished champion under the age of seven. (written proof to this effect is required.)**

Date submitted \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City\state\zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_ Occupation \_\_\_\_\_

**Please note: Applicants must pass the veterinarian and personal reference check.**

Date of birth \_\_\_\_\_ (must be 21 years of age to adopt)

Do you own \_\_\_\_\_ rent \_\_\_\_\_ other \_\_\_\_\_

Do you live in a- House Apartment/Condo Mobile home Other

If you rent your home, does your landlord allow pets? Yes \_\_\_\_\_ no \_\_\_\_\_

Landlord's name \_\_\_\_\_ phone \_\_\_\_\_

Are you married? \_\_\_\_\_

Does your partner/spouse know of and approve of the animal? \_\_\_\_\_

How many children? \_\_\_\_\_ Ages \_\_\_\_\_

Are you or any family members allergic to animals? \_\_\_\_\_

List all other animals in household. Include breed, age, sex

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**Are your animals spayed/neutered?** \_\_\_\_\_

**Vet's name** \_\_\_\_\_

**Vet's address** \_\_\_\_\_

**Vet's city/ state/ zip** \_\_\_\_\_

**Vet's phone** \_\_\_\_\_

**How many hours on the average will this animal spend alone at your home?**

\_\_\_\_\_

**Where will the animal stay while you are away?** \_\_\_\_\_

**Where will the animal sleep?** \_\_\_\_\_

**If you have had a pet before, describe the last animal you owned and what happened to it -**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are you committed to caring for an animal for its lifetime?** \_\_\_\_\_

**Will you keep the pet up to date on all vaccinations, heartworm prevention and flea control?** \_\_\_\_\_

**Do you consider yourself financially stable enough to provide proper diet and medical care, including emergency treatment if needed?** \_\_\_\_\_

**Tell us anything else about your family you'd like to** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal reference (please use someone other than immediate family)**

\_\_\_\_\_

\_\_\_\_\_

**We Reserve the Right to Refuse an Applicant**