

P.O. Box 1498

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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? \_\_\_\_\_

.....  
**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? \_\_\_\_\_

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**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: \_\_\_\_\_