



Kitten Korner Rescue, Inc. Adoption Application

Please send completed form to: Laraine VanBlarcom
PO Box 248, Honeoye, NY 144471
585-233-7810 (Call or text)
Email: kittenkornerrescue@yahoo.com

Adoption donation \$100.

Cat's Name: _____ **Date:** _____

Applicant information:

Name: _____ Address: _____

City: _____ Zip Code: _____ Do you own _____ or rent _____

Phone Numbers: (Home) _____
(Cell) _____ (Email) _____

Of Adults Living at Home: _____ # of Children: _____ ages: _____

Do you have pets now? Yes / No Type: _____ How many: _____
How long have you had them? _____ Are they Spayed / Neutered? Yes / No
Are your pets up to date on vaccines? Yes / No Cats tested for FeLv/FIV? Yes / No

Your Current Veterinarian/Animal Hospital: _____ Tel # _____

In order to obtain a reference from your vet, you must call to release your pet's records.

Are you considering having your cat/kitten declawed? Yes/ No If yes, can you explain why?

Will your cat/kitten be: Indoor only _____ Indoor/Outdoor _____

If you rent we need to contact your landlord for adoption approval prior to releasing a cat/kitten.

Name: _____

Phone: _____

I understand that I will have to have the adopted kitten(s) spayed or neutered at my own expense, if not previously done at time of adoption.

Applicant signature: _____

Foster Home _____ Comments _____

Vet Check _____ Approved? Yes _____ No _____

Date Adopted _____