



## BARN CAT ADOPTION APPLICATION

P.O. Box 72

Grangeville, ID 83530

Email: [arf.grangeville@gmail.com](mailto:arf.grangeville@gmail.com)

Webpage: [www.arfshelter.org](http://www.arfshelter.org)

Phone \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Place of Employment: \_\_\_\_\_ WorkPhone: \_\_\_\_\_ Age: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please provide a personal reference:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Reason you are wanting to adopt barn cat(s)? \_\_\_\_\_

How many cats are you interested in adopting? \_\_\_\_\_

Do you prefer the barn cats you are adopting to be: FERAL \_\_\_\_\_ SEMI-FERAL \_\_\_\_\_ NO PREFERENCE \_\_\_\_\_

Address of the property where the cat(s) will reside: \_\_\_\_\_

What type of shelter is available for the cat(s) on this property? \_\_\_\_\_

Do you own or rent the property where the cat(s) will reside? OWN \_\_\_\_\_ RENT \_\_\_\_\_

If renting, please provide landlord name & phone number: \_\_\_\_\_

If renting, does the landlord agree to provide care for the cats if for any reason you are unable to do so? \_\_\_\_\_

Will you provide food and fresh water for the cat(s) on a daily basis for their lifetime? \_\_\_\_\_

If a barn cat becomes ill or injured, do you agree to humanely trap and take it to a veterinarian for treatment? \_\_\_\_\_

Do you realize that a cat may live 15 or more years? YES NO

**When relocating a semi-feral or feral cat, it is essential to keep the cat(s) in a safe and secure place where you can provide food, water and a litter box without them escaping, so they can become acclimated to their new surroundings. Allowing the cat(s) time to get used to their new home will help the relocation be successful. This usually takes approximately 7 – 10 days.**

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing privilege of adopting barn cats from **ANIMAL RESCUE FOUNDATION (ARF)**. I authorize investigation of all statements on this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Landlord signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

ARF representative signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applications may be EMAILED TO: [arf.grangeville@gmail.com](mailto:arf.grangeville@gmail.com)**

**Or dropped off to \_\_\_\_\_**