



BARN CAT ADOPTION APPLICATION

P.O. Box 72

Grangeville, ID 83530

Email: arf.grangeville@gmail.com

Webpage: www.arfgrangeville.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

Or dropped off to _____