



My signature and the date on this form states that I am: 18 year old or over, able to pay the adoption fee below. promise that If this adoption does not work out,my circumstances change or the animal is not the right fit that the animal listed on this form will be returned LIVE AND LET LIVE FARM RESCUE. I also promise that Live and Let Live Farm Rescue will be the FIRST to be notified of any issue pertaining to the pet listed below. Live and Let Live Farm Rescue, its owners, board of directors, fosters, or volunteers are not held responsible for any injuries or mishaps that may occur from the adoption of the animal identified below. By signing this form you are also agreeing to give consent for a LLLFR representative to check listed references and do a home check where the animal will reside.

The non refundable pre-adoption fee is \$50.00 and is part of the adoption fee. Adoption fees are: Please check appropriate paw check box



\$175.00 Kittens



\$125.00 Adults



Seniors \$ A Reasonable Donation

Please Print Readable

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Phone: _____ Phone: _____



Adopters
Signature



Adopters
Signature

PRE-Adoption Payment Box

DATE Received: _____ CASH DEBIT/Credit CHECK # _____

PAY PAL - Transaction # _____

Other Payment _____ AMOUNT RECEIVED \$ _____

Name of LLLFR Representatives Accepting Payment: _____

ADOPTION Payment Box

DATE Received: _____ CASH DEBIT/Credit CHECK # _____

Pay PAL - Transaction # _____

Other Payment: _____ AMOUNT RECEIVED \$ _____

Name LLLFR Representatives Accepting Payment _____



PETS

Below list the animals you have cared for and shared your life with! Please list MOST RECENT FIRST.
If this is your first pet as an adult list animals you shared your life with when you were under 18 and living with your parents. We will use your parents vet history for a vet verification. You or your parent will need to call the vet to allow them to talk to LLLFR for verification.

PLEASE Print Clearly

Animals Name	Species Ex. Dog	Age	Sex		Neutered or Spayed	Years in Your life	Still have?		If NO what happened to your pet ? Ex: Died of old age,killed in an accident,re-homed?
			M	F			Yes	No	

REFERENCES

PLEASE list your veterinarian First, Anyone that you know that has adopted from LLLFR, pet sitter, boarding, day care facility, friends. Family as references should be used last. Please call your veterinarian or have your parents call theirs to give permission for a representative from Live and Let Live Farm Rescue to talk to them. Please let your references know that someone from LLLFR will be calling them.

REFERENCE NAME	REFERENCE TYPE	
	VETERINARIAN	

REFERENCES REQUIRED :
***** YOUR VETERINARIAN *** AND**
**** A MINIMUM OF 3 OTHERS ****
PLEASE PROVIDE THEIR NAME & PHONE NUMBER



PLEASE Print Clearly

Date: _____ Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Phone: _____

Email Address: _____

What is the name of the cat or kitten are you looking to adopt?



Have you adopted from LLLFR in the past or were referred by someone who has adopted from LLLFR?

(Please circle) LLLFR-Chichester No Don't know

What is their name? _____ The animals name is (before adopted.) _____

For any questions you may need more space.... use the back for more space if needed. Put an —> if you use the back!

Do you OWN or RENT- where you live? How many years have you been at this present address? _____

Who over the age of 18 will be the primary caretaker of this cat? _____

What is you plan to care for the cat when you are away for extended periods, such as vacations?

Explain: _____

What is your plan for the cat if you have to move? _____

How will you will help the cat adjust to its new home? _____

Have you made plans for your cat in the event of your death? Yes No

Do you have basic knowledge of.....

What the cat or kitten requires for veterinary care to be healthy? Yes No

That a cat or kitten require yearly check ups until they become seniors then every 6 months Yes No

Cats need humans to provide daily care? Yes No

How much you're willing to spend each year on vet care, food, grooming, supplies, and other expenses.(Please circle choice) As little as possible. Whatever the cat or kitten needs to be healthy!

Where, specifically, is your plan to keep or house the cat? _____

Where it will sleep? _____

How long will the cat will be left alone each day? _____

Are you able and willing to commit, for the LIFE OF THIS ANIMAL time, effort. love and money necessary to properly care for this animal? YES NO

Does anyone in your family has any allergies? _____



* The information provided below will be verified by a phone call to the Owner/Landlord /Manager. A Phone number is required



Landlord Pet Permission Form

Tenants Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

I give permission for the tenant listed above to have a DOG  CAT 

I am the Owner Manager of above mentioned property.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

* Business Phone: _____ Cell Phone: _____ Other: _____

Email: _____

Signature: _____ Date: _____