



**ALL ADOPTERS MUST BE 21 YEARS OF AGE OR OLDER.**  
 IF YOU HAVE ANY QUESTIONS, PLEASE EMAIL US AT THEBALAMFOUNDATION@GMAIL.COM

YOUR NAME		DATE OF BIRTH	
OCCUPATION		DO YOU RENT OR OWN CURRENT RESIDENCE?	
EMAIL		PHONE	
Is anyone in your home allergic to cats?	Y   N   MILDLY	No. of ADULTS (+18) IN HOUSEHOLD	
		No. of CHILDREN IN HOUSEHOLD	
Where will your new cat live?	<input type="checkbox"/> Inside only <input type="checkbox"/> Outside only <input type="checkbox"/> Inside/outside (allowed to roam) <input type="checkbox"/> Inside but harnessed/supervised outdoor time <input type="checkbox"/> Inside with access to fenced yard		
HOME ADDRESS			
What do you plan to do for your kitten/cat's scratching needs?	<input type="checkbox"/> Declaw surgery <input type="checkbox"/> Nail clipping <input type="checkbox"/> Scratching posts <input type="checkbox"/> Not sure yet <input type="checkbox"/> Other _____		
Will you be the primary caregiver for the kittens/cat?	<input type="checkbox"/> Yes, I am applying for myself. <input type="checkbox"/> No, I am applying for someone else (Please explain):		
Name(s) of cat/kitten you are interested in		Are you prepared to make a commitment of 10 to 18 years to this cat/kitten?	Y   N
How long have you been considering adoption and why is now the right time?			
<p>Do you have other pets in the home? Please list names, ages, breed, how long they were in your care and if they are spayed/neutered.</p> <p>Please list past pets and why they are no longer in your care.</p>			
What is the longest period of time you would leave the cat alone in your home?			



What is the longest period of time you would leave the cat alone in your home?		If you have other cats/dogs, are they spayed/neutered?	Y   N   N/A
Select all that describe your experience with pets past/currently:	<input type="checkbox"/> Given a pet to a shelter <input type="checkbox"/> Had a pet run away <input type="checkbox"/> Had a pet die in your care <input type="checkbox"/> Had to euthanize a pet (with a vet) <input type="checkbox"/> Bred/sold a pet <input type="checkbox"/> Given a pet to another person	<input type="checkbox"/> Grew up with a pet <input type="checkbox"/> Currently have a pet(s) in your home <input type="checkbox"/> Have lived w/ previous housemates' pets <input type="checkbox"/> I've never lived with or owned a pet <input type="checkbox"/> There are currently pets in my home but they are not mine	
What factors could cause you to give up an animal?	<input type="checkbox"/> New baby <input type="checkbox"/> Not enough time for pet <input type="checkbox"/> If the pet sheds <input type="checkbox"/> If someone in my home becomes allergic <input type="checkbox"/> If the pet scratches the furniture <input type="checkbox"/> If vet costs are too expensive <input type="checkbox"/> If the pet is not allowed in new living space	<input type="checkbox"/> If the pet becomes aggressive <input type="checkbox"/> If the pet has issues using the litterbox <input type="checkbox"/> Moving to a new residence <input type="checkbox"/> If the pet jumps on counters/tables <input type="checkbox"/> Moving internationally <input type="checkbox"/> Other <input type="checkbox"/> None	
Is there anything else you would like to tell us or ask us?			

**ALL ADOPTERS MUST BE 21 YEARS OF AGE OR OLDER. I AM ADOPTING THIS PET TO BE PART OF MY FAMILY, AND I AM ALLOWED TO HAVE THESE PET(S) IN MY HOME.**

**BY CHECKING THIS BOX, YOU UNDERSTAND THESE REQUIREMENTS.**

IF YOU HAVE ANY QUESTIONS BEFORE SUBMITTING YOUR APPLICATION, PLEASE EMAIL US AT [THEBALAMFOUNDATION@GMAIL.COM](mailto:THEBALAMFOUNDATION@GMAIL.COM)

Please type your full name:

**PLEASE FILL OUT THIS ENTIRE FORM AND EMAIL YOUR COMPLETED APPLICATION TO US AT [THEBALAMFOUNDATION@GMAIL.COM](mailto:THEBALAMFOUNDATION@GMAIL.COM)**