

Kitten Application

Maine Coon Maniacs

Contact Information

| | |
|----------------------|-----------------------------|
| Kitten's Name _____ | Date of application: _____ |
| Name: _____ | Contact Phone Number: _____ |
| Street: _____ | State: _____ |
| City/Zip Code: _____ | Email Address: _____ |

Housing

| | | | |
|----------------------|-------------|-----------------|-----------------|
| Type of Dwelling | House _____ | Apartment _____ | Townhouse _____ |
| Shared Housing _____ | Other _____ | | |

Personal Information

| | | |
|---|--|--|
| Have you had a cat before? _____ | Where will the cat live: _____ (inside/outside)? | How long will the cat be alone during the day? _____ |
| Do you have other animals? _____ | | |
| Are there children in the home? <u>No</u> | Is anyone allergic to cats? _____ | |
| Are you willing to sign a contract about spaying/neuter and no declawing? _____ | | |

How did you hear about us? _____