

SMOKEY CREEK COONS

Kitten Application

*Filling out this form does not guarantee that a kitten will be placed with you. If your application is approved then we move forward with the kitten selection and the kitten contract. We as the breeder have the right to pull out of a sale(refunding any payment that has been made) at any time if we feel it is in the kittens best interest.

The welfare of our kittens must be our foremost consideration in considering a placement. Please answer the following questions as completely as you can. Once you have completed the form please return the application back to us via email to

smokeycreekcattery@gmail.com

Thank You!

Future Owner's Full Name _____

Co-owners Full Name (if applicable) _____

Street Address: _____

City _____ State _____ Zip _____

Is this the address where the kitten is going to reside at? (circle one): Yes/ No

If NO, please explain _____

Home Phone (if applicable) _____

Owner's Cell Phone _____

Co-Owner's cell phone _____

Owner's Email Address _____

Co-Owner's Email Address _____

Do you live in a (circle one) House/ Apartment/ Condo

Do you (circle one) Own/ Rent/ Other(please explain) _____

Length of time at current address? _____

Length of time at previous address? _____

Please list all people in the household, including ages:

1. _____

2. _____

3. _____

4. _____

5. _____

Does anyone in your household have allergies to animals? If yes, to what and how severe? _____

Do you own any other pets? Yes/ No

If so, are they spayed/neutered? Yes/ No

Are they up to date on their shots? (Please indicate approximate date of last vaccinations)

Please list species, breed and ages for each: _____

Previous pets - where are they now, and how long did you have them, circumstances of death? _____

Have you ever returned a pet to the breeder? If so, what were the circumstances?

Have you ever given a pet away? If so, what were the circumstances?

Have you ever taken a pet to a pound or shelter? If so, what were the circumstances?

If you have cats, are you cats declawed? (circle one) Yes/ No

Do you intend to declaw? Please provide your feelings on declawing.

Will this kitten/cat be (circle all that apply)

Indoor Only/ Indoor and Outdoor/ Outdoor Only/ Walked on a Leash

Have you ever owned a Maine Coon before? If yes please tell us about your Maine Coon

Are you interested in a (circle all that apply) MC Kitten ~ 2.5 to 4 Months

MC Kitten~ 6 to 12 Months/ Retired/ Show/ Breeder

Do you want a male, female, both or no preference? (circle all that apply)

Male/ Female/ Both/ No Preference

Are you looking for a specific color/pattern? _____

What kind of personality are you looking for in this kitten/cat? _____

What made you decide that a Maine Coon was right for you? _____

What will happen to this kitten/cat when you go on vacation or in case of an emergency?

How much time will this kitten/cat be left alone per day? _____

Where will this kitten/cat sleep? _____

Please provide the name, phone number and address of your veterinarian:

Please provide us with a personal reference

Full Name: _____

Phone number: _____

How did you hear about us? Please be as specific as you can i.e., website name, browser name, breed listing, met at a cat show etc. This information will help us with our advertising _____

Do you have any additional comments or questions for us _____
