



DATE / /
Name of Applicant(s) :
Street Address :
City State Zip
EmailCell
Type of Dwelling □House □ Apartment □ Mobile Home □ Condo/Townhouse
Do you rent or own? □ Rent □ Own
Please list all pets you currently have? List Breed type(s), sex(es), fixed or not, & age of each:
Have your cats been tested for Feline Leukemia (FeLV)? ☐ Yes ☐ No Results
Have your cats been tested for (FIV)? ☐ Yes ☐ No Results
Will the kitten be declawed? □ Yes □ No
How do you feel about declawing?
If you have pets, will they adjust to a new cat in the house? ☐ Yes ☐ No ☐ I don't know
How will you make the introduction?
Have you ever turned a pet into a shelter? ☐ Yes ☐ No If yes, why,
When will the cat be outside? :
Approx. how many hours will the cat be left alone?

www. Fluffy Giants Cattery. com

Potential Buyer Initials _____

	Outside □ Garage □ Laundry room □ Kitchen □ Master Bathroom □ Crate □ Other (Explain)
Can the cat lie on the furniture	
Do you have a regular vet? □	Yes □ No
Name of the Vet you are using	, or you are thinking of using:
Phone :	
City/State	
	Praise/Food reward ☐ Other(explain)
When on vacation, who will ca	are for your cat?
How did you hear about Fluffy	Giants?
Name of Kitten you would like	□ Juliette (Female)□ Kacey (Female)□ Kinsley (Female)
□ Any Kitten Available □Any Female Kitten Available □ Any Male kitten Available	
Do you understand that the Zelle app/ cash Transfer?	cost of the kitten will need to be paid via Venmo / □ Yes □ No
APPLICANT'S SIGNATURE	hil Tionte
(PRINT) Remarks / COMMENTS	Cattery
and you understand that filling us make sure our cat/kitten is receive a phone call to let you	• •
	www.FluffyGiantsCattery.com Potential Buyer Initials