



KITTEN APPLICATION

MAINECOONHILL@GMAIL.COM

Name: _____ Spouse/Partner: _____
Street Address: _____ Street Address: _____
Mailing Address: _____ Mailing Address: _____
City, State, Zip: _____ City, State, Zip: _____
Phone #: _____ Phone #: _____
E-mail address: _____ E-mail address: _____
Occupation: _____ Occupation: _____

PLEASE ANSWER THE FOLLOWING:

1. Why do you want a Maine Coon? Pet _____ Show _____ Please Expand: _____

2. Do you live in a: House? __ Apartment? __ Rent or own? __

2. Does anyone smoke tobacco products inside your home? Yes _____ No _____

3. Who else lives in your home? _____

4. If you have children, what are their ages? _____

5. If you have young children, do they practice the proper handling of kittens/cats? __ Yes __ No?

6. Do you currently have dogs, cats or other animals? Yes _____ No _____

If YES, what age and breed? _____

7. If you have other cats, are they _____ Male _____ Female Spayed/Neutered? _____ Yes _____ No

8. If you had other animals before, what happened to them? _____

9. Is someone home during the day? _____ Weekends? _____

10. If you have to move or need to travel, what will you do with your cat? _____

11. What will you feed your cat? _____

12. Will you be able to financially provide the cat proper veterinarian care, food, litter, toys, etc.?

Yes _____ No _____

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13. If you are no longer able to care for your cat/kitten due to failing health, living arrangements, etc. what plans would you have for the cat/kitten? _____

14. What are your feelings about declawing? _____

15. Are you interested in a: MALE _____ FEMALE _____

16. What color of Maine Coon Kitten are you interested in? _____

17. Are you open to Retired Adult at a reduced price? Male ____ Female ____

18. Where did you hear about Maine Coon Hill of Alabama? (Check ALL that Apply)

_____ MCH Web Site _____ Facebook _____ CFA BREEDER LISTING _____ CFF BREEDER LISTING

_____ TICA BREEDER LISTING

_____ Referred by veterinarian: _____

_____ Referred by a Breeder / Name of Breeder: _____

_____ Cat Show & Location of Cat Show: _____

_____ OTHER: _____

VETERINARY REFERENCE REQUIRED:

Veterinarian Name: _____

Clinic Name: _____

City, State, Zip: _____

Phone number: _____

BY SIGNING BELOW, I AM TESTIFYING THAT ALL OF THE ABOVE INFORMATION IS TRUE/ACCURATE.

Applicant signature: _____ Date: _____

Please return application via mail or email to the following address.

Mail: Angela Crumley
Maine Coon Hill
287 Lake Creek Rd
Cedartown, GA 30125
Email: mainecoonhill@gmail.com

PLEASE NOTE THAT COMPLETION OF THIS APPLICATION DOES NOT ENSURE A KITTEN WILL BE PLACED WITH APPLICANT