

WELCOME TO NACOOONZI



In A Coons Eye
Maine Coon Kittens

1. Why do you want a Maine Coon _____ Pet _____ Show Explain: _____
_____.
2. Do you live in a house _____ or apartment _____ 2a. Rent or own _____.
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, _____ how many,
spayed or neutered _____ yes _____ no, explain _____.
8. If you had other animals before, what happened to them? _____

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

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

11. What are your feelings about the cat not being allowed outside? _____

12. Will the cat be allowed on your furniture? _____

13. What will you feed your cat? _____

14. How much will you be able to spend on the cat for veterinarian care, food, litter, toys, etc.? Monthly _____ Yearly _____

15. 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? _____

16. What are your feelings about declawing _____

17. Are you interested in a: _____ male _____ female _____ no preference
(explain, if needed) _____

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

- (A)

____ Brown Tabby ____ Silver Tabby ____ Red Tabby ____ Patched Tabby

____ (a) With White ____ Without White

____ (b) Mackerel Tabby ____ Classic Tabby

- (B)

____ Black ____ Black & White ____ Black Smoke ____ Cream ____ Cameo

- (C)

____ Adult ____ (a) male ____ female ____ no preference ____

19. Where did you hear about NACOONZI - Maine Coon Cats? ____ Internet Web Site

____ CFA BREEDER LISTING ____ ACFA BREEDER LISTING ____ Twitter ____ Facebook

____ Referred by veterinarian:(name please) _____.

20. Applicant information:

Name: _____

Spouse/Significant Other: _____

(Required) Street Address: (applicant) _____

City, State, Zip: _____

(Required) Mailing Address: (significant other) _____

City, State, Zip: _____

Phone #: (applicant) _____ Phone #: (significant other) _____

E-mail address: (applicant) _____

E-mail address: (spouse/significant other) _____

Occupation: (applicant) _____

Occupation: (spouse/significant other) _____

Veterinary Reference:

Veterinarian Name: _____

Clinic Name _____

City, State, Zip _____

Phone number _____ Emergency number _____

Applicant signature: _____ Date: _____

Spouse/significant other signature: _____ Date: _____

