



WHISKER RESCUE ADOPTION APPLICATION

STORE LOCATION: _____

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____

EMAIL ADDRESS: _____

DATE OF BIRTH? _____

ARE YOU EMPLOYED? _____ RETIRED? _____ STUDENT? _____ OTHER? _____

HOW DID YOU HEAR ABOUT US? _____

PLEASE LIST 2 REFERENCES--ONLY ONE CAN BE A FAMILY MEMBER

1) _____ RELATIONSHIP: _____

2) _____ RELATIONSHIP: _____

WHICH ANIMAL ARE YOU APPLYING FOR? _____

WHY HAVE YOU CHOSEN THIS ANIMAL? _____

ARE YOU PREPARED FOR A 15-20 YEAR COMMITMENT WITH THIS ANIMAL?

HOUSING

WHAT TYPE OF HOME DO YOU LIVE IN? HOUSE TOWNHOUSE APARTMENT/CONDO

MOBILE DUPLEX

HOW LONG HAVE YOU LIVED THERE? _____

DO YOU OWN OR RENT? _____

IF RENTING, PLEASE PROVIDE LANDLORDS NAME AND PHONE #. **YOU MUST SUPPLY A COPY OF YOUR RENTAL AGREEMENT AT TIME OF ADOPTION.**

DO YOU PLAN ON MOVING IN THE NEAR FUTURE?

IF YOU MOVE, WILL YOU MAKE ARRANGMENTS FOR THE ANIMAL TO COME WITH YOU?

HOW MANY ADULTS LIVE IN THE HOME?

HOW MANY CHILDREN UNDER THE AGE OF 18 LIVE IN THE HOME? LIST THEIR AGES: _____

DOES ANYONE IN THE HOUSE HAVE ALLERGIES TO ANIMALS?

ANIMAL HISTORY

WHAT ANIMALS DO YOU CURRENTLY HAVE? WHAT ARE THEIR AGES? WHAT ARE THEIR GENDERS?

LIST THE ANIMALS YOU HAVE HAD IN THE PAST: _____

HAVE YOUR CATS BEEN TESTED FOR FELINE LEUKEMIA AND FIV? _____ WHAT WERE THE RESULTS? _____

DO YOU AGREE **NOT** TO DECLAW THIS CAT/KITTEN? _____

WHAT WILL YOU SUPPLY FOR THIS CAT/KITTEN TO SCRATCH ON? _____

DO YOU AGREE TO KEEP THIS CAT/KITTEN **STRICTLY** INDOORS? _____

ARE ALL OF YOUR ANIMALS SPAYED AND/OR NEUTERED? _____

ARE ALL OF YOUR ANIMALS UP TO DATE ON VACCINES? _____ IF NO, PLEASE EXPLAIN: _____

PLEASE LIST THE NAME & NUMBER OF YOUR VETERINARIAN CLINIC SO WE CAN VERIFY THAT YOUR PETS ARE CURRENT ON VACCINES AND SPAYED/NEUTERER: _____

HAVE YOU EVER HAD ONE OF YOUR ANIMALS GET SICK? _____

WHAT WAS WRONG AND EXPLAIN WHAT YOU DID TO HELP HIM OR HER THROUGH IT? _____

WHAT WOULD BE THE MAXIMUM YOU WOULD SPEND ON AN UNEXPECTED MEDICAL BILL AND/OR EMERGENCY BILL?

\$100 _____ \$500 _____ \$1000 _____ \$ THE SKY'S THE LIMIT _____

HAVE YOU EVER HAD TO GIVE UP YOUR ANIMAL? YES NO

IF YES, WHY? _____

WHERE DID THE ANIMAL GO? _____

HOW MUCH TIME WILL THE ANIMAL SPEND ALONE DURING THE DAY? _____

WHERE WILL THE ANIMAL BE KEPT WHEN YOU ARE NOT AT HOME? _____

WHAT BRAND OF DRY FOOD DO YOU FEED YOUR ANIMAL(S)? _____

WHAT BRAND OF CANNED FOOD DO YOU FEED YOUR ANIMAL(S) _____

PET BEHAVIOR

IT WILL TAKE THIS CAT APPROXIMATELY 2 DAYS TO BECOME FAMILIAR WITH ITS NEW HOME AND ABOUT 2 WEEKS, SOMETIMES MORE, TO BECOME COMFORTABLE WITH THE FAMILY AND OTHER PETS. ARE YOU PREPARED TO GIVE THIS ANIMAL THE NECESSARY TIME IT NEEDS TO ADJUST TO HIS/HER NEW HOME AND LIFE?

ARE YOU WILLING TO WORK WITH THIS ANIMAL TO CORRECT BEHAVIORAL PROBLEMS, IF THEY ARISE, SUCH AS REFUSING TO USE THE LITTERBOX OR DESTRUCTIVE CLAWING?

***** I CERTIFY THAT ALL THE INFORMATION I HAVE PROVIDED IS COMPLETE AND TRUE AND I AGREE TO COMPLY WITH THE TERMS OF THIS ADOPTION. I UNDERSTAND THAT FILLING THIS FORM OUT DOES NOT GUARANTEE THAT I WILL BE ADOPTING THIS ANIMAL.

SIGNATURE OF ADOPTER: _____

DATE: _____

*****Please email this form to contact@whiskerrescue.org or fax it to 763-785-0367. After submitting this form, you will be contacted by a Whisker Rescue Representative within 24-48 hours.**