



# Wild About Cats of Cumberland County

## Adoption Application

How did you hear about Wild About Cats of Cumberland County? \_\_\_\_\_

Date: \_\_\_\_\_ Name of cat you are interested in: \_\_\_\_\_

Or if not available what type of cat are you looking for? \_\_\_\_\_

Male  Female  Kitten (under 5 months)  Adult  Long Hair  Short Hair

Personality type: \_\_\_\_\_

Color/ Breed: \_\_\_\_\_

Why do you want to adopt a cat? \_\_\_\_\_

### CONTACT INFORMATION

Name: \_\_\_\_\_ Co-Applicant Name: \_\_\_\_\_

Relationship to Co-Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

### FAMILY INFORMATION

Are you or the Co-Applicant a student? \_\_\_\_\_

No. of adults in household? \_\_\_\_\_ Ages? \_\_\_\_\_

No. of children in household? \_\_\_\_\_ Ages? \_\_\_\_\_

Do they share your interest in adopting? \_\_\_\_\_ Anyone allergic to cats? \_\_\_\_\_

Who will be responsible for the cat's care? \_\_\_\_\_

If something should happen to the person responsible for the cat's care and they are no longer able to provide that service is there a person who would take over those responsibilities (please include this person as one of your reference checks)? \_\_\_\_\_

## HOME INFORMATION

Do you own or rent your home? \_\_\_\_\_

If you rent, landlord's name & phone #: \_\_\_\_\_

Do you have the permission of your landlord to have a cat? \_\_\_\_\_ Is a pet deposit required? \_\_\_\_\_

## PET INFORMATION

Please list your current pet(s) – Use back of paper if you need more room to write.

Name	Age	Species(dog/cat),	Gender	Breed

Name & phone number of your current veterinarian \_\_\_\_\_

Are all your current pets Spayed/ Neutered? \_\_\_\_\_ Are they up to date on all vaccinations? \_\_\_\_\_

Are your current pets on monthly flea preventive treatment? \_\_\_\_\_

Have your cats been tested for feline leukemia and FIV? \_\_\_\_\_ Results: \_\_\_\_\_

Are you financially able and willing to provide annual checkups, vaccinations, and ANY medical care necessary for an additional animal?  Yes  No

## ADOPTED PET CARE

Where will the cat be kept?  Indoors only  Outdoors only  Both in/out

If outdoors, will the cat be  attended  unattended  collar & tags?

Will anyone be home during the day?  Yes  No

How many hours will the cat be left unattended? \_\_\_\_\_

When no one is home, where will the cat be kept? \_\_\_\_\_

If you move, what will you do with the cat? \_\_\_\_\_

Do your current pets get along with other cats? \_\_\_\_\_ If you think there may be a conflict, please describe how you will keep the Cat separate from your family pet(s)

What precautions would you take to properly introduce a new cat into your home if you have other animals (a dog, bird, rabbit, another cat, etc.)? \_\_\_\_\_

What will you do if your new cat does not get along with your present pets or behavior problem arises, what steps will you take to work on it? \_\_\_\_\_

Are you planning on declawing?  Yes  No  Not sure

Are you willing to sign legal pet adoption papers?  Yes  No

Do you agree to permit a visit to your home/farm by appointment?  Yes  No

## REFERENCES

*(Be sure to ask your reference before listing them so they will be alerted to our contacting them.)*

**Please provide the name of a friend or relative who would take care of your cat should any major life change affect your ability to do so.**

**Name:** \_\_\_\_\_

**Text, phone or email:** \_\_\_\_\_

**Please provide an additional 2 references that are **not related** to you.**

**Name:** \_\_\_\_\_

**Text, phone or email:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Text, phone or email:** \_\_\_\_\_

By signing this form, I/we acknowledge that all information on this form is true and correct. I/we understand that any misrepresentation of fact may result in WACCC refusing adoption privileges to me/us. If my/our request for adoption is approved and later WACCC discovers the above information is not true or correct, WACCC reserves the right to remove the adopted cat from my home/farm. WACCC reserves the right to refuse adoption to any person for any reason.

Applicant's

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Co-applicant's

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Note: Submission by email will serve as signature agreement

**Return this form to: [wildaboutcatsCC@gmail.com](mailto:wildaboutcatsCC@gmail.com)**