



Whisker Connection

Adoption Application

Cat Id # _____
Cat Name _____
Adoption Date _____
Counselor _____

In order to be considered for an adoption today, you must: be 18 years of age or have parental approval, have the knowledge & consent of all adults living in your household, and have a valid ID with current address. Understand that Whisker Connection may deny any application for any reason.

Personal Information

Name _____ Driver's License # _____ State issued _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Mobile _____ Email _____

Names of others in household (include ages of all children) _____

Length of time at address _____ Own Rent Live w/ parents Housing type: House Apt Condo Mobile Home

Employer _____ Occupation _____

Employer's Address _____ Work Phone _____

We may follow up with you about this adoption, please indicate how we should contact you:

Home Phone Mobile Phone Work Phone Email Other (Please Specify): _____

Where did you hear about us? Petfinder Our Website Facebook Other (Please Specify): _____

You and Your Household

Cat Experience:

- First Time Cat Owner
- Have had one or two
- Knowledgeable and Experienced

Time Away From Home:

- Home all Day
- Out Part-time
- Away 7-10 hours daily
- Away more than 10 hours daily

Our Cat Will Live:

- Indoors Only
- Indoors/Outdoors
- Outdoors Only

Home Atmosphere

- Grand Central Station
- Some Activity
- Zen-Garden Serene

Please tell us how you will occupy your cat's time while you are away.

Please describe shelter for cats living outdoors _____

Do all adults living in your household agree to this adoption? _____ List the names & ages of everyone in your household:

Is anyone in your household allergic to cats? _____ If so, how will you manage the allergies? _____

Have you ever surrendered an animal to a shelter? _____ If so, please describe the circumstances for the surrender.

Your Current Pets

Please describe your current pets, if any.

Type _____

Name _____

Age _____ Sex _____

Spayed or Neutered? Y N

Kept current on vaccinations? Y N

Lives: Indoors Outdoors Both

Type _____

Name _____

Age _____ Sex _____

Spayed or Neutered? Y N

Kept current on vaccinations? Y N

Lives: Indoors Outdoors Both

Type _____

Name _____

Age _____ Sex _____

Spayed or Neutered? Y N

Kept current on vaccinations? Y N

Lives: Indoors Outdoors Both

Your Veterinarian

Please list your current veterinarian. If none, list veterinarian last used.

Veterinarian Name _____ City _____ Phone # _____

Do you keep your pets current on their vaccinations? Yes No

Do you take your current pets to a veterinarian for regular health examinations? Yes No

If No for either question, please explain: _____

Your New Cat

Will the cat be your only pet? Y N

Where will the cat stay while you are at work?

Where will the cat sleep?

Do you plan to declaw the cat? Y N

What rules will you establish for your new cat? How will you discipline the cat?

By signing below I acknowledge that I have completely read this application, comprehend it fully, know that applying does not insure approval, and that my answers will be taken at face value. I also understand that Whisker Connection reserves the right to deny any applicant for any reason and that untruthful answers or failure to comply with the requirements of this Adoption Application or the Adoption Contract can result in forfeiture of any Whisker Connection cat which may be adopted by me.

Applicant Signature: _____ Date: _____

Whisker Connection Witness (please print): _____ Date: _____