



CAT ADOPTION APPLICATION

Welcome to the West Suburban Humane Society. Prior to viewing the animals, we ask that you complete the front page of this form so that we may assist you in selecting the right animal for you, your family and your lifestyle. *The balance of this form will need to be completed before adoption approval.*

Name: _____
 Address: _____
 City / State / Zip: _____
 Home Phone: _____ Email: _____
 Please indicate your age group: Under 21 21 - 40 40 - 60 Over 60

I'm interested in adopting:

Kitten Male
 Adult Cat Female
 Size/Weight _____
 Breed _____
 Short Hair Med Hair Long Hair

1. I want a cat for: Companionship A mouser Company for another pet
 Other: _____

2. Is this cat for your family? Yes No If no, for whom? _____

3. Household members living in the home: Total Adults: _____ Total Children _____ Ages of children: _____

4. Does the entire family want a cat? Yes No Who will be responsible for the cat? _____

5. Do you: Rent Own **LIVE in:** House Apartment Condo Townhouse Mobile Home

It is necessary to verify pet residency requirements before an adoption can be finalized.

6. Does anyone in your household have allergies? Yes No If yes, who: _____
 To what: _____

7. Hours per day on average that the cat will be alone: _____ Who will care for the cat during the day: _____

8. **WHERE** will you exercise your cat: Inside Outside _____

9. Do you plan to declaw your cat: Yes No **IF yes** 2 paw 4 paw

10. **WHERE** will you keep you cat? In House Outside Work Basement Garage Other: _____

Vet references are ALWAYS verified. If your past or present pet is not current on health exams and is not seen routinely by a veterinarian, please do not apply.

11. Who is your veterinarian? _____ Phone No.: _____
 May we contact them? Yes No

12. Please list the most recent pets you have had as an adult:

a. Name: _____ Male Female Dog Cat If cat, declawed: No 2 paw 4 paw
 Was it Spayed/Neutered? Yes No Age of pet when acquired _____ Length of ownership: _____
 Description/Breed _____ Where is it now: _____

b. Name: _____ Male Female Dog Cat If cat, declawed: No 2 paw 4 paw
 Was it Spayed/Neutered? Yes No Age of pet when acquired _____ Length of ownership: _____
 Description/Breed _____ Where is it now: _____

Pet history continued on page 2

I certify that the information provided is complete and correct to the best of my knowledge. The undersigned, along with those persons accompanying me, assume any risk of injury which may be incurred as a result of viewing any animal in the custody of West Suburban Humane Society.

★ SIGNATURE: _____ Date: _____

Pet history continued

c. Name: _____ Male Female Dog Cat If cat, declawed: No 2 paw 4 paw
Was it Spayed/Neutered? Yes No Age of pet when acquired _____ Length of ownership: _____
Description/Breed _____ Where is it now: _____

d. Name: _____ Male Female Dog Cat If cat, declawed: No 2 paw 4 paw
Was it Spayed/Neutered? Yes No Age of pet when acquired _____ Length of ownership: _____
Description/Breed _____ Where is it now: _____

13. If residing in a rental unit, condo, mobile home or townhouse, please list name of complex:

Verification of landlord approval is required — List name and phone number of landlord, manager, or association:

14. How long have you lived at your current address? _____

15. Will you be moving in the near future? Yes No If yes, when and where:

16. If you move where pets are not allowed, what will you do with your cat?

17. What provisions will you make for your cat in the event you can no longer care for it?

18. Since most shelter animals have unknown medical backgrounds, are you prepared to take this cat for a complete veterinary exam within 14 days and provide any necessary medical treatment at your own expense? Yes No

19. Will you provide medical treatment including vaccinations annually? Yes No

20. Do you understand the importance of yearly vet exams? Yes No

21. Are you familiar with the various diseases of cats/kittens, such as:
Feline Leukemia Yes No FIV or FIP Yes No Upper Respiratory Yes No

22. What type of balanced diet will you provide your cat? _____

23. Do you understand how to train a cat to be on its best behavior? Yes No
What method will you use? _____

24. What will you provide to amuse your cat?

25. Describe a safe environment for a cat:

26. How will you prevent your cat from destructive behavior? (i.e. scratching furniture, urinating outside of litterbox, etc.)

27. How will you introduce your cat to your home and to your other pets?

28. How long will you allow the cat to adjust to its new home? _____

29. Would you consider returning the cat because of: Biting Allergies Move to new location Illness - yours or pets
 Other _____

EMPLOYMENT INFORMATION

YOURSELF: Employed Retired Not currently employed

Employers Name: _____

Employer Phone No. _____

Hours a day worked: _____ Position: _____

If self employed, explain business type and location: _____

If not currently employed, please explain: _____

OTHER ADULT IN HOUSEHOLD: Employed Retired Not currently employed

Employers Name: _____

Employer Phone No. _____

Hours a day worked: _____ Position: _____

If self employed, explain business type and location: _____

If not currently employed, please explain: _____

Where did you hear about West Suburban Humane Society?

Website Newspaper Friend Previous Adopter Other: _____

I certify that the information provided is complete and correct to the best of my knowledge.

Signature: _____ Date: _____

WSHS RESERVES THE RIGHT TO DENY ADOPTION TO ANYONE

- You must be at least 21 years old with **proper proof** of age.
- Current identification must show correct address and telephone number.
- All members of the household must be present.
- Adoptions may take up to 24 hours to be finalized.

IMPORTANT: You must understand that by adopting an animal from animal welfare organization, you take a certain risk. We have screened the health of each animal to the best of our ability during the time it has been under our care. However, there is always a chance that an animal is incubating a disease at the time of admission or adoption, without showing any clinical signs of illness.

For Office Use Only:

Notes:

Volunteer Name: _____ Date: _____

Volunteer Name: _____ Date: _____

Volunteer Name: _____ Date: _____

Volunteer Name: _____ Date: _____

Volunteer Name: _____ Date: _____

Interested in: _____ Date: _____

Interested in: _____ Date: _____

Adopted (name of pet): _____ Date: _____