



ADOPTION APPLICATION

PLEASE FILL OUT EACH QUESTION **LEGIBLY & COMPLETELY**

PERSONAL INFORMATION

DATE:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____

DRIVERS LICENSE #: _____

EMAIL ADDRESS: _____

ARE YOU 21 YEARS OLD OR OLDER?

ARE YOU EMPLOYED? RETIRED? STUDENT? OTHER _____

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 HOUSING 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 ARRANGEMENTS FOR THE ANIMAL TO COME WITH YOU?

ARE THERE CHILDREN IN THE HOME OR THAT VISIT? AGES: _____

DOES ANYONE IN THE HOUSE HAVE ALLERGIES TO ANIMALS?

ANIMAL HISTORY

WHAT ANIMALS DO YOU CURRENTLY HAVE OR HAVE YOU HAD IN THE PAST & WHAT ARE THEIR AGES?

WHAT IS THE NAME & PHONE # OF YOUR VETERINARY HOSPITAL?

DO YOU AGREE NOT TO DECLAW THIS CAT/KITTEN?

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

ARE ALL OF YOUR ANIMALS SPAYED OR NEUTERED?

HAVE YOU EVER HAD ONE OF YOUR ANIMALS GET SICK?

WHAT WAS THE SITUATION AND HOW DID YOU HELP HIM/HER THROUGH IT?

WHAT WOULD BE THE MAXIMUM YOU WOULD SPEND ON A MEDICAL BILL?

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



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

IF YES, WHY?

PET BEHAVIOR

IT WILL TAKE UP TO 2 WEEKS FOR YOUR NEW CAT TO BECOME FAMILIAR WITH ITS SURROUNDINGS AND A MONTH, SOMETIMES MORE, TO BECOME COMFORTABLE WITH OTHER PETS. ARE YOU PREPARED TO GIVE THIS ANIMAL THIS TIME TO ADJUST?

ARE YOU WILLING TO WORK WITH THIS ANIMAL TO CORRECT BEHAVIORAL PROBLEMS, IF THEY ARISE, SUCH AS REFUSING TO USE THE LITTER BOX 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: _____

SIGNATURE OF WHISKER CITY RESCUE REPRESENTATIVE:

_____ DATE: _____

***PLEASE EMAIL THIS FORM TO INFO@WHISKERCITY.COM OR BRING TO THE SHELTER AT 1615 N 183RD ST SHORELINE, WA 98133