



Application To Adopt a Cat Or Kitten

Animal name: _____

OFFICE USE ONLY: Animal PP#: _____

In order to be considered for an adoption, you must:

- Be at least 18 years of age
- Have formal identification
- Have the consent of all adults living in the household
- Understand that Angel's Wish has the right to accept or deny any application

PLEASE PRINT:

Name: _____ Date: _____

Address: (no PO Box) _____
street city state zip

Phone: Home _____ Work _____ Cell _____

Email: _____

Residence: House Apartment Condo Mobile home Other _____

Do you: Own Rent Live with parents/relatives Length at residence: _____

Landlord/Condo Association: _____
name phone

Number of people in your household: _____ Ages of children: _____

Employer name and phone number: _____ Length of service: _____

List two references with phone numbers (not relatives or people who live in your household)

1. _____
2. _____

Have you adopted from Angel's Wish before? Yes No If Yes, approximately when? _____

Is this your first experience with a cat? Yes No First experience with a kitten? Yes No

Do you plan to declaw? Yes No If Yes, reason you plan to declaw: _____

Do you have a scratching post? Yes No Other (describe) _____

Will your cat be: Indoors Indoor/outdoor Outdoors

If outdoors will they be: On a leash In a fenced area In a barn or outbuilding Roaming freely

Should medical or behavioral problems occur, are you willing to work with
and for your pet to the best of your ability, to correct or treat the concern? Yes No Uncertain

Are all cats and dogs currently in your household: Spayed/neutered? Yes No Vaccinated? Yes No
If you answered No please explain: _____

Veterinary Clinic you currently use: _____
name city phone

List the animals you, personally have owned and been responsible for in the last 3 years, including current pets.

Name	<u>Cat</u> <u>Dog</u> <u>Other (specify)</u> If dog list breed or breed mixes	Age	Gender	Is the animal kept inside/outside?	Is this animal deceased?

Have you ever given up an animal? Yes No

If Yes, please explain: _____

How did you hear about Angel's Wish? Internet Newspaper Friend/family Other _____

Pet supply store Name of store: _____

Veterinarian Name of clinic: _____

A cat may live for 15 to 20 years and will need your committed care for his/her lifetime.

By placing or signing my name to this application, I certify that the information I have given is true. I realize that any misrepresentation of facts may result in my losing the privilege to adopt a cat/kitten from Angel's Wish. **I understand that Angel's Wish, Inc. has the right to deny my request to adopt an animal for any situation that would be contrary to the organization's adoption policies, in violation of any state or local ordinances, or not in the best interest of the animal, as determined by Angel's Wish, Inc.** I authorize verification of all statements in this application. I authorize my veterinarian to release any information requested by Angel's Wish, Inc.

Signature _____ Date _____

The personal information you have provided on this application will not be shared with or sold to any individual, organization or company.

OFFICE USE ONLY

Adoption Coordinator: _____ Date: _____

Notes: _____

