



WAUPUN AREA ANIMAL SHELTER, INC.
 901 N. Madison St • Waupun, WI 53963
 Tel / Fax: (920) 324-3200

www.waupunareanimalshelter.org • e-mail: admin@waupunareanimalshelter.org

CAT ADOPTION APPLICATION

I AM INTERESTED IN ADOPTING:		<i>Message left for adopter:</i>
Name:		
		<i>Adoption date/time:</i>

APPLICANT(S)			
Name of Applicant (Last, First, Middle)			Date of Birth
Address			Home Phone
City	State	Zip	Other phone
E-mail		Driver's License Number	
Name of Applicant (Last, First, Middle)			Date of Birth
Address			Home Phone
City	State	Zip	Other phone
E-mail		Driver's License Number	

ADOPTION POLICIES	
<i>(Please initial each item to acknowledge)</i>	
	The applicant must be eighteen (18) years old.
	There is normally a 24 hour waiting period after the application is filled out.
	All current pets must be spayed/neutered and current with rabies vaccinations.
	Proof of homeownership (Tax bill, mortgage coupon) or landlord verification is required.
	Cats will be matched to the best home for that particular cat.

EMPLOYMENT	
Employer:	<input type="checkbox"/> Retired/Disabled
Address:	Phone
	How Long?
Employer:	<input type="checkbox"/> Retired/Disabled
Address:	Phone
	How Long?

INFORMATION ABOUT YOUR HOUSEHOLD			
Do You:	<input type="checkbox"/> Own	How long at this address?	
	<input type="checkbox"/> Rent	Name of Landlord	Telephone:
How many adults in household?		How many children in household?	Ages:
Is anyone in the house allergic to animals?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
What will happen to your cat if you move?			
How often do you travel? Where will the cat stay when you are gone?			
Have you ever surrendered or given up an animal before? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain			
Have you ever adopted from a shelter or rescue group before?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, which shelter/rescue?

LIST ALL PETS OWNED WITHIN LAST FIVE (5) YEARS						
Type/Breed	Name	Age	Spayed/ Neutered	Indoor/ Outdoor	Still Have	How Long owned?
			<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

If you no longer have any of the above listed animals, please explain where they are now:

List the veterinary clinics you have used in the last 5 years

Name:	Name:
Telephone:	Telephone:

INFORMATION ABOUT YOUR NEW CAT

Why do you want to adopt this cat? (Circle all that apply)
 Companion For Children Mouser Other: _____

Who will be the primary caregiver of the cat?

How much do you expect the yearly cost of a cat to be? (Routine care, vaccinations, food, etc..)

The average cat's lifespan is 15-17 years. Are you willing to commit yourself to this cat for its entire life? Yes No

Will the cat be exposed to small children? Yes No

How will you discipline your cat if it misbehaves?

If you have a multiple cat household, the new cat will need to be introduced SLOWLY. They must be separated via a room and/or a cat cage for as long as necessary. This could take a significant amount of time. Are you willing and able to do this? Yes No

If the cat became seriously ill, would you be able to care for him/her financially? Yes No

Please initial each statement, acknowledging that you agree to each:

	All the information I have provided in this application is complete and correct.
	My application will be terminated if I provide false information.
	I give permission to my veterinarian to release any vet records of my current/past pets to a Waupun Area Animal Shelter representative.
	I agree to provide all my animals with sufficient food, water, proper shelter and timely veterinary care at all times.
	I release the Waupun Area Animal Shelter, Inc. from any liabilities I may incur from the adoption process.
	If I adopt a cat that is intact, I agree to provide the Waupun Area animal Shelter with a copy of the pre-paid spay or neuter prior to adoption.
	I understand that adopting this cat is a decision that is not made lightly. I am making a lasting commitment to this cat and I understand that he/she will depend on me for all of his/her needs for the rest of his/her life.

BY SIGNING BELOW, I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE CONDITIONS OF THIS APPLICATION

Applicant (Primary)	Date
Applicant (Spouse/Significant Other)	Date
ALL APPLICANTS – EMERGENCY CONTACT INFORMATION	
<i>Please provide us with the name and telephone number of an emergency contact, in case your new cat becomes lost. This person should be someone not living in your household.</i>	
Name:	
Telephone number:	

FOR ANIMAL SHELTER USE ONLY		
Homeowner verification	Date:	By:
Landlord verification	<input type="checkbox"/> Yes <input type="checkbox"/> No	By:
Left Message for Landlord	Date/Time	Date/Time
Vet Check By:	Animal altered?	
	Do they keep their animals up to date on all required vaccinations?	
	Comments	
Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Adoption Coordinator	
	Date	
Adoptions restricted to:		
Reason for denial:		