



## 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 dog is not current on heartworm medications and tests, vaccinations and health exams, 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: \_\_\_\_\_

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*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: \_\_\_\_\_

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Volunteer Name: \_\_\_\_\_ Date: \_\_\_\_\_

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Interested in: \_\_\_\_\_ Date: \_\_\_\_\_

Interested in: \_\_\_\_\_ Date: \_\_\_\_\_

Adopted (name of pet): \_\_\_\_\_ Date: \_\_\_\_\_