

ADOPT
DONT SHOP


SILVER WHISKERS FELINE RESCUE



SWFR ADOPTION APPLICATION

We ask that you fill out the application completely. An animal is a friend for life and we want to assist the potential adopter in finding the family member that is most compatible with his/her lifestyle. An unwise adoption can result in an unpleasant experience for not only the adoptive families but for the animal as well. We hope you will agree that the animal's welfare must be our main consideration. If an adoption does not work out, we will expect to be notified immediately and will gladly take our animal back.

NAME _____ DATE: _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ CONTACT NUMBER _____

EMPLOYER _____ OCCUPATION _____

EMAIL ADDRESS _____ HOW DID YOU HEAR ABOUT US? _____

WHERE DO YOU LIVE? House Condo Apartment Dormitory Live with Parents

(please circle one)

Own or Rent? If renting: Please provide address and phone number of landlord OR existing rental agreement that indicates you are able to own a cat. _____

How long have you lived at this address? _____

Do you plan to move in the next 6 months? _____

How many total people live in your home? _____

Number and ages of children (Under 18) _____

Are you interested in adopting a cat for: Yourself Member of immediate family Someone Else
(please circle one)

Type of cat desired: Senior Cat Adult Cat Young Cat Kitten(under 6 months)
(please circle one)

Please list the reasons for wishing to adopt a pet: _____

What pets do you currently have in your house hold? _____ Total Number? _____

Are your current pets spayed/neutered? _____

Are you aware that according to the ASPCA, it typically costs \$400-1300.00 annually to care for a cat? Yes
No

Name and phone number of your veterinarian _____

May we contact them for a reference? _____ If no, why not? _____

Who will be responsible for this pet? _____

Where will this pet be kept during the day? _____ During the night? _____

How many hours a day will it spend alone? _____

Where will it be kept when alone? _____

How do you feel about declawing your cat? _____

In many cases the cat's background is unknown to us as well as their medical history. Are you prepared to accept this uncertainty and provide necessary care?

Have you ever turned a pet into a shelter? Yes _____ No _____ If yes, please explain the
circumstance _____

If your cat has or develops behavioral issues how will you handle them? (spraying, not using the litter
box etc.) _____

Does your house have a doggy door? Yes _____ No _____

Will you allow a representative of our rescue group to do a home visit when announced in advance?

Yes _____ No _____

I understand the above questions and I authorize investigation of all statements contained in this
application. I understand misrepresentation of facts or omission of facts is a cause for denial of
adoption. I understand that this group has the right to deny or approve this adoption application.

Signed _____ Date: _____