



No Kill Cat Shelter

5349 W. Forest Home Ave. - MIL, WI - 53220

GETTING TO KNOW YOU!

PRELIMINARY ADOPTION APPLICATION

This application is designed to help us help you make the best possible choice: the right home for each cat and the right cat for your home. Please reply to the following carefully and completely. **PLEASE PRINT CLEARLY!**

Date/Time: _____

Name of animal(s) you are interested in? _____

Household Information

Name (First, Middle, Last): _____ D.O.B: ____/____/____

Email: _____

Home Phone: (____) _____ Alternate Phone: (____) _____

Street Address: _____ City: _____ Zip: _____

Mailing Address: (if different): _____ City: _____ Zip: _____

Do you: Rent ____ Own ____ Live w/parent ____ Is it a: House ____ Apt ____ Condo ____ Mobile ____

How long have you lived at your current residence? Years: _____ Months: _____

If not property owner, Happy Endings has my permission to verify current pet policy

Landlord's Name _____ Phone Number (____) _____

List of others in your household:

Name (First, Last)	Age	Relation

Does everyone in your household agree to the adoption of a new pet?

Yes

No

Does anyone in your household have pet related allergies?

Yes

No

How did you hear about us?

Newspaper ad Petfinder Social Media Website Friend Petco Recent Adoptor



No Kill Cat Shelter

5349 W. Forest Home Ave. - MIL, WI - 53220

GETTING TO KNOW YOU!

PRELIMINARY ADOPTION APPLICATION

Pet Care Information

What animals do you **currently** own? (Please list below)

TYPE OF ANIMAL	NAME	AGE	SEX	SPAYED/NEUTERED	THIS PET IS KEPT	LENGTH OF OWNERSHIP	UP TO DATE ON SHOTS?
			M / F	Y / N	Inside, Outside, Both		Y / N
			M / F	Y / N	Inside, Outside, Both		Y / N
			M / F	Y / N	Inside, Outside, Both		Y / N
			M / F	Y / N	Inside, Outside, Both		Y / N

What animals have you owned in the past **5 years**? (Please list below)

TYPE OF ANIMAL	NAME	AGE	SEX	SPAYED/NEUTERED	THIS PET WAS KEPT	LENGTH OF OWNERSHIP
			M / F	Y / N	Inside, Outside, Both	
			M / F	Y / N	Inside, Outside, Both	
			M / F	Y / N	Inside, Outside, Both	
			M / F	Y / N	Inside, Outside, Both	

Have you ever lost a pet to illness or have you ever had to give up a pet? If so, please explain: _____

What is your experience with cats?

- First-time owner
 Have had one or two
 Knowledgeable & Experienced

Please rate your household's activity level:

- Grand Central Station
 Couch Potato
 Somewhere in-between

What is the intended purpose of this cat?

- Companion for myself or family
 Companion for another pet
 Mouser
 Gift for: _____

Who will be the primary caregiver of this cat? _____

Where will the cat stay while you are gone during the day? _____

Where will the cat sleep at night? _____

What will happen to the cat if you move? Have children? _____



No Kill Cat Shelter

5349 W. Forest Home Ave. - MIL, WI - 53220

GETTING TO KNOW YOU!

PRELIMINARY ADOPTION APPLICATION

If you become unable to care for the cat, what arrangements will be made for the cat's care? _____

Do you plan on having the cat declawed?

Yes No

If yes, why? _____

Are you willing to take the cat to a veterinarian for an annual physical and vaccinations?

Yes No

Are you prepared to make a 15 - 20 year commitment to this cat?

Yes No

Would you have a problem with a Happy Endings rep. delivering the cat to your home?

Yes No If yes, please explain: _____

Veterinarian References

If you have/had any pets in your home, please list your current or past veterinarian.

Name of Veterinary Hospital: _____

Name of Veterinarian: _____ Phone #: (____) _____

PLEASE CONTACT YOUR VETERINARIAN AND GIVE THEM PERMISSION TO RELEASE YOUR RECORDS.

Personal References

ONLY list personal references if you did not/do not have a current veterinarian.

Name of Personal Reference #1: _____

Phone Number of Personal Reference #1: (____) _____

Name of Personal Reference #2: _____

Phone Number of Personal Reference #2: (____) _____

I certify that the above information is correct and I understand that false information may void the application. I also understand that Happy Endings has the right to refuse or postpone the adoption of any animal.

Signature: _____ Date: _____

Please stop here. Take this to one of our volunteers and they'll be happy to assist you! Thank you!



No Kill Cat Shelter

5349 W. Forest Home Ave. - MIL, WI - 53220

GETTING TO KNOW YOU!
PRELIMINARY ADOPTION APPLICATION

FOR STAFF ONLY

Volunteer: _____

I have reviewed the following cat-related issues with the potential adopter: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Cat to cat introduction | <input type="checkbox"/> Declawing |
| <input type="checkbox"/> Cat to dog introduction | <input type="checkbox"/> Litter box Issues |
| <input type="checkbox"/> Cats and Children | <input type="checkbox"/> Behavioral Issues |
| <input type="checkbox"/> Cats and Change | <input type="checkbox"/> Scratching |
| <input type="checkbox"/> Micro-chipping | <input type="checkbox"/> Vaccinations |

Volunteer Comments: _____

Adoption Coordinator Comments: _____

Was the Adoption Approved? **YES** **NO** If no, why not? _____

