waterloo alley cat project

Cat Adoption Application

***NOTE**: Completing this form does not guarantee adoption.*

Name: _____

Address: _____

_____

Name of cat(s) you are interested in adopting _____

Address where cat will live: _____

_____

Phones: Home: _____ Cell: _____ Work: _____

E-mail: _____

HOUSEHOLD INFORMATION

Please list HUMANS currently living in house:

Name	Age	Allergies to animals?	Feelings about adopting

Please list PETS currenlty living in house:

Name	Species	Spayed or Neutered?	Age (approx.)	Up-to-date on vacciantions?	Previous exposure to cats/kittens?

Please list PAST PETS you have owned/cared for:

Name	Species	Years living with you	What happened?

QUESTIONS

Do you own or rent your house/apartment? ☐ Rent ☐ Own

If you rent, does your landlord allow pets? ☐ Yes ☐ No

What made you decide you wanted to rescue a cat/kitten? _____

_____

Who would be the primary caregiver? _____

I plan to keep the cat/kitten: ☐ Inside Only ☐ Outside Only ☐ Both

Do you agree to a home visit? ☐ Yes ☐ No

I plan to get the cat/kitten declawed: ☐ Yes ☐ No

Will you feed dry as well as canned food? ☐ Yes ☐ No

In the event that you can no longer care for the cat/kitten, where to whom will the kitten go?

Are you currently employed? ☐ Yes ☐ No

On average, how long will the cat/kitten be alone?

Where will cat/kitten sleep?

A cat/kitten can cost $200-$400 annually, are you prepared for that financial responsibility?

☐ Yes ☐ No

How would you go about fixing problem behaviors (inappropriate urination, scratching/climbing furniture, etc)?

In what circumstances would you need to find a new home for the cat/kitten (ex: moving to new place that doesn't allow animals; spraying: allergies: aggression: animal too expensive, etc.)?

What does the term "forever home" mean to you?

Is there a particular cat/kitten you're interested in?

Will you agree to send photos and stay in contact with our organization for a month after adoption?

☐ Yes ☐ No

Would you like to do a 2 week trial period with the animal prior to completing an official adoption?

☐ Yes ☐ No

REFERENCES

Current or Intended Vet Information

Veterinarian Name: _____

Contact Number: _____

Number of years using this vet: _____

Is it ok to contact them? ☐ Yes ☐ No

Personal References

Name	Contact Number	Relation	Known How Long

I, the undersigned, have read and truthfully answered these questions. I understand that the WACP has full authority to approve or deny my application. I realize that any false information could result in forfeiture of the animal.

Signed: _____ Date: _____

☐ *If filling out form digitally, click this box to confirm the above name acts as your signature.*

Printed Name: _____

Please send the completed form via email to:
feralcatproject@hotmail.com

Or send via USPS to:
Waterloo Alley Cat Project
P.O. Box 19246
Cleveland OH, 44119