



## West Coast Dog and Cat Rescue Feline Adoption Application

**Completion of this application does not guarantee adoption of a rescue animal.**

Name of applicant \_\_\_\_\_ Occupation \_\_\_\_\_

Name of spouse/significant other \_\_\_\_\_ Occupation \_\_\_\_\_

Names/Ages of Children if any \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

E-mail address \_\_\_\_\_

May we add you to our mailing list?  Yes  No

Do you live in a:  House  Apartment  Condominium  Town house  Other

Are you willing to permit WCDC staff to conduct a home inspection?  Yes  No

*Home inspection is required for adoption.*

Do you:  Own  Rent  Other, please explain \_\_\_\_\_

If you rent, do you have your landlord's permission to have a pet?  Yes  No

Landlord's name and phone number \_\_\_\_\_

Will the cat be:  Indoor only  Indoor/outdoor  Outdoor only

About what percent of time will the cat be left alone \_\_\_\_\_

Where will it be when left alone \_\_\_\_\_

What area(s) of the house will the cat be allowed? \_\_\_\_\_

Where will the cat sleep at night? \_\_\_\_\_

Do you have a fenced yard?  Yes  No If so, how high is the fence? \_\_\_\_\_

Why do you want a cat? (Check all that apply)

House pet

Companion for family

Companion for pet

Companion for children

Mouser/Barn cat

Gift

Other \_\_\_\_\_

Other pets (specify number of each): Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other \_\_\_\_\_

If you have any dogs or cats, are they spayed/neutered?  Yes  No Licensed?  Yes  No

What pets have you had in the Past? \_\_\_\_\_

What happened to them? \_\_\_\_\_

What would happen to the cat if you moved? Locally? \_\_\_\_\_

Out of state? \_\_\_\_\_

Out of the country? \_\_\_\_\_

Do you have a regular veterinarian?  Yes  No If so, vet's name \_\_\_\_\_

Name of clinic \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Does anyone in your household have allergies?  Yes  No What kind? \_\_\_\_\_

Will you be able to live with hair on your furniture, stains on your rugs, a warm body on your bed and an animal which might be destructive at times?  Yes  No

Remember, pets are an investment of your time and money. Can you afford to provide medical care, proper diet, proper shelter, and exercise for your new pet?  Yes  No

What do you expect to pay in annual veterinary care \$ \_\_\_\_\_

Do you have the means to afford an unexpected illness/injury? (Approx. \$2000)  Yes  No

Are you able to make a long term commitment to care for your pet for its entire life span?  
(as much as 15-20 years)  Yes  No

Under what circumstances would you not be able to keep this cat?

\_\_\_\_\_  
\_\_\_\_\_

"  
Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing this form, you agree that all above said information is true. If this form is submitted digitally, type your full legal name in the signature box. If any false information or omission is discovered now, or at any time that the pet is still living, you agree to surrender the pet back to the adoptee.

**We reserve the right to refuse any client at any time. This questionnaire becomes part of our contract.**