

# Woofs, Wiggles, n Wags Rescue

## Cat Adoption Application

602-828-2425  
 ilovedogsmm@aol.com  
 www.woofswigglesnwags.com

Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  Home  Cell  Work

Co-Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  Home  Cell  Work

Address (no PO Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

In what type of housing do you reside?  Apt/Condo  House  Other: \_\_\_\_\_  Own  Rent

Landlord's Name (if you rent): \_\_\_\_\_ Phone: \_\_\_\_\_

Why do you want a cat at this time? \_\_\_\_\_

Who is this cat for? \_\_\_\_\_ Who will be responsible for cat's care? \_\_\_\_\_

Are all members of your household in agreement about adopting a cat?  Yes  No

What are your concerns about a new cat? \_\_\_\_\_

Do you consider yourself an experienced cat owner?  Yes  No New owner?  Yes  No

How many hours will this cat be alone? (Include work travel time) \_\_\_\_\_

Where will this cat be kept? \_\_\_\_\_

Are you committed to providing a permanent home for the lifetime of this cat?  Yes  No

How do you feel about declawing your cat?  Definitely Yes  Definitely No  Maybe  Need advice

Are you prepared to pay for vet bills when your cat requires medical attention and routine care?  Yes  No

If you become incapacitated, move, or cannot take care of this cat, what will you do with this cat? \_\_\_\_\_

What behaviors would cause you to return your cat to WWW? \_\_\_\_\_

Would you be willing to work with a WWW counselor regarding issues that may arise?  Yes  No

Do you or any of the people you live with have allergies to cats?  Yes  No

If yes, how do you plan to cope with the allergies? \_\_\_\_\_

Will your cat stay:  Indoors only  Outdoors only  Indoors and outdoors

If outdoors, how long after adoption would you start allowing your cat to go out? \_\_\_\_\_

Where will your cat spend the night? \_\_\_\_\_

If your cat stops using the litter pan, you will: \_\_\_\_\_

List all pets you have owned in the last 5 years:

Name	Breed	Sex	Spayed/ Neutered?	Current on Vaccinations?	Do you still own it?	If not, why?

If more space is needed, please write on the back of this form or write it in the email you attach this form to.

List all veterinarians you have taken your pets to in the last 5 years, including the veterinarian you plan to use for this pet:

Veterinarian Name	Phone	Veterinarian Name	Phone

If more space is needed, please write on the back of this form or write it in the email you attach this form to.

Do you grant permission to Woofs, Wiggles, n Wags Rescue to contact your vet(s)?  Yes  No

Name of Cat Being Adopted: \_\_\_\_\_ Breed: \_\_\_\_\_  Male  Female  
Altered?  Yes  No Vaccines Current?  Yes  No Micro-chipped?  Yes  No Age: \_\_\_\_\_

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Are you experiencing any difficulties with your current pets in terms of health or behavior?  Yes  No

If yes explain: \_\_\_\_\_

Have you ever given a pet away, given it to a shelter or rescue group, returned it to a breeder or sold it?  Yes  No

If yes explain: \_\_\_\_\_

Some cats require a period of weeks or even months to adjust to their new home/environment/family/other pets. Are you willing to allow for this adjustment period?  Yes  Not Sure  No, I prefer a pet who will adjust quickly

Are there any children in your household or children who visit frequently?  Yes  No

If Yes, what are their ages? \_\_\_\_\_

Please provide two personal references NOT related to you:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please include any information you would like for us to consider when reviewing your adoption application for approval:

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For Office Use Only

Approved  Declined Adoption Fee Paid: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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