



Wells Valley Cat Rescue
P.O Box 567
New Milford CT 06776
(860)421-3755
Email: wvcrescue@gmail.com

PLEASE KEEP THIS PAGE OF THE APPLICATION

Thank you for considering adopting from Wells Valley Cat Rescue. Please complete the attached adoption application to the best of your abilities. We make every effort possible to find the best homes for our cats and kittens that will provide them the love they deserve.

Please review the below requirements prior to submitting your application:

- + All applicants must be 21 years of age or older.
- + A copy of your driver's license must accompany this application.
- + A Veterinary Reference will be required for all adopters with existing pets in the home. **Please contact your Veterinary Office within 24 hours of the submission of this application to allow Wells Valley Cat Rescue to have access to your animal's medical information.**
- + All existing pets in the home are required to be altered and update to date on both the rabies vaccination and distemper.
- + All cats and kittens are required to be indoor only pets. No Exceptions.
- + Your Adoption Donation is non-refundable. This donation covers the cost of spay/neuter and various vaccinations. This also covers any additional medical treatment that the Cat or Kitten may require under the care of Wells Valley Cat Rescue.
- + Wells Valley Cat Rescue will accept a non-refundable \$100 deposit for any cat/kitten to be placed on hold once the application is approved.
- + The remainder of the Adoption Donation is due at the time you pick up your new family member. Cash, Check and Credit Card (plus applicable fees) are accepted.

Total Minimum Adoption Donation

Cat:	\$150.00	1 year and older
Kitten:	\$200.00	12 weeks – 1 year old

Wells Valley Cat Rescue reserves the right to approve or deny any application in its discretion. Completion of this application does not guarantee the adoption of a Cat or Kitten from WVCR.

Please contact the shelter directly at wvcrescue@gmail.com for any questions. Questions on the status of your adoption application can be emailed to: wvcrescue@gmail.com

We look forward to working with you!

The Wells Valley Cat Rescue Staff



Wells Valley Cat Rescue
P.O. Box 567
New Milford CT 06776

Adoption Application

Date Submitted: _____

If you are submitting for a specific Cat or Kitten, what is the name: _____

☐ No specific Cat or Kitten in mind. Just would like to apply to start the process.

Have you previously submitted an application to WVCR? ☐ Yes ☐ No If Yes, When? _____

First Name: _____ Last Name: _____ DOB: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Names and ages of all other people who reside at this residence: _____

Is your residence a: ☐ House ☐ Apartment ☐ Condo ☐ Other (please specify) _____

Do you: ☐ Own ☐ Rent

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

If you live in a condo, does your association allow pets? ☐ Yes ☐ No

Landlord/Condo Association Name and Contact Number: _____

Please provide information about all animals that reside inside your home.

Pets Name	Type of Animal	Age	Spayed/Neutered? (Y/N)	Indoor/Outdoor Both?	Declawed? (Y/N)

How many dogs and cats have you owned/cared for in the last 10 years that are not listed as current residents?

_____ Dogs _____ Cats

What Happened to these animals? _____

Does anyone in your home have allergies to animals? ☐ Yes ☐ No If Yes, Please specify:

Please provide the Name and Contact information for your current veterinarian: _____

Please contact your veterinarian within 24 hours of submitting this application to allow Wells Valley Cat Rescue to have access to your current and past animal's medical records

What name are the records under: _____

Have you ever used another veterinarian in the past 5 years? If Yes, please provide Name and Contact info: _____

How many hours each day will the Cat/Kitten be left alone? _____

Do you travel often? ☐ Yes ☐ No If yes, who will care for the cat/kitten while you are away?

Where will the Cat/Kitten spend time while you are **not** home?

☐ Loose Indoors ☐ Confined to a room indoors ☐ Garage ☐ Basement
☐ Outdoors ☐ Other: _____

Where will the Cat/Kitten spend time while you are home?

☐ Loose Indoors ☐ Confined to a room indoors ☐ Garage ☐ Basement
☐ Outdoors ☐ Other: _____

Under what circumstances would you return a Cat/Kitten to WVCR? _____

Have you ever had to surrender an animal to a rescue group, pound or animal shelter?

☐ Yes ☐ No If Yes, please explain below

Are you planning on declawing your cat/kitten? ☐ Yes ☐ No

Will you allow your cat outdoors? ☐ Yes ☐ No

Personal References

Please provide the names and phone numbers of 2 references that you have known for more than 3 years. Only one of the two may be a relative.

Name	Phone Number	Relationship to You

Are you prepared and willing to accept full and immediate responsibility for the ownership of a cat/kitten including all health care costs and necessary obligations of caring for this animal?

☐ Yes ☐ No

I hereby affirm that I have answered the above questions completely and truthfully. I give permission for WVCR to contact my landlord, veterinarian and personal references listed in this application. I understand that WVCR intends to use the information that I have provided in connection with this application solely for purposes related to the processing of this application and will not be shared.

Signature: _____ Date: _____

OFFICE USE ONLY:

Name of Processing WVCR Representative: _____

Vet Check Completed On: _____ Personal Reference Check Completed On: _____

Comments:

☐ Application Approved

☐ Application Denied

Cat/Kitten Held: _____