

# LUCKY WHISKERS



## Adoption Application

**Please Complete This Form Completely. All Questions Must be Answered to be Considered For Adoption!**

Applicant name(s): \_\_\_\_\_ Maiden Name (If applicable) \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Cell: \_\_\_\_\_

Spouse / Roommate: \_\_\_\_\_ Phone number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Do you own or rent?: \_\_\_\_\_ House/Apt/Condo?: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long have you lived at this address? \_\_\_\_\_

How many Adults in household?: \_\_\_\_\_ Kids & Ages: \_\_\_\_\_

Landlord information (If applicable): Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you live with parents or other homeowner: \_\_\_\_\_

Previous address: \_\_\_\_\_ How long did you live at this address? \_\_\_\_\_

Applicant Employment /Company: \_\_\_\_\_ Phone #: \_\_\_\_\_ Shift: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Spouse/Roommate Employment /Company: \_\_\_\_\_ Phone #: \_\_\_\_\_ Shift: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Yes No

Yes No

1. Have you had a kitten before?

2. Have you ever trained an adult cat?

3. Is your existing cat declawed?

4. Would you want a declawed cat?

5. If one was not available, would you declaw?

6. Have you ever trimmed claws?

7. Do you have a scratching post?

8. If you move, would you take your pet(s) with you?

9. Do you have a carrying crate?

10. Are your current cats spayed/ neutered?

11. Does anyone in your household/ family have cat allergies?

12. How many hours will your cats be left alone daily? \_\_\_\_\_

Have you ever had to rehome/ relocate a pet? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

Where will the cat(s) be housed? Indoors only: \_\_\_\_\_ Outdoors only: \_\_\_\_\_ Indoor and outdoor: \_\_\_\_\_ Barn: \_\_\_\_\_ Other: \_\_\_\_\_

Why do you want a pet? Companion: \_\_\_\_\_ Companion for other Pets: \_\_\_\_\_ Mouser: \_\_\_\_\_ For a child: \_\_\_\_\_

Service animal: \_\_\_\_\_ Other: \_\_\_\_\_

List all veterinarians you have used with past pets (Please include Name, Phone number, and City): \_\_\_\_\_

### Current Pets

| Dog/Cat | Name/Sex | Age | How long have you had this pet? | Kept inside or outside? | Purchased/ Received from where and at what age |
|---------|----------|-----|---------------------------------|-------------------------|--|
|         |          |     |                                 |                         |  |
|         |          |     |                                 |                         |  |
|         |          |     |                                 |                         |  |

### Past Pets

| Dog/Cat | Name/Sex | Age | How long did you have this pet? | Kept inside or outside? | Purchased/ Received From from where and at what age? | Where is this pet now? |
|---------|----------|-----|---------------------------------|-------------------------|--|------------------------|
|         |          |     |                                 |                         |  |                        |
|         |          |     |                                 |                         |  |                        |
|         |          |     |                                 |                         |  |                        |

**PLEASE READ AND SIGN!:** I CERTIFY THAT ALL THE ABOVE INFORMATION IS TRUE. I UNDERSTAND THAT ANY FALSE INFORMATION, UNANSWERED QUESTIONS, & OMISSIONS WILL AFFECT IN AN IMMEDIATE REJECTION.

Applicant Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/ Roommate Name: \_\_\_\_\_ Spouse/ Roommate Signature: \_\_\_\_\_ Date: \_\_\_\_\_