

ADOPTION APPLICATION - CAT/KITTEN

To adopt a cat or kitten from *WAGGING DOG RESCUE* ...

1. YOU MUST LIVE IN:

Southern California – Los Angeles, Orange, San Diego and parts of Riverside counties. Other areas of SoCal may be considered.

Colorado – Denver + 100 miles. Other areas of Colorado may be considered.

2. ADOPTION FEE & CONTRACT: If we approve your adoption of one of our rescued felines, we ask for a minimum adoption fee and require a signed adoption contract.

3. MUST BE 21: Applicant must be at least 21 years old **and head of household.**

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**WAGGING DOG
 RESCUE**

a 501(c)(3) Organization
 EIN 45-5293643

Name of the WDR cat or kitten you are interested in: _____

Guardian Information

Date	Name	DL/ID # Visit	*verified at Home	DOB *required
Street address (no PO Box)		City, State		Zip
Best phone - Home or Cell (please circle one)		Employer AND Occupation		Work phone
Work address		City, State		Zip
Email address		Type of dwelling: House ___ Duplex ___ Apartment ___ Mobile Home ___ Condo/townhome ___ Military ___ Other _____		
Own or Rent?	Please provide Landlord's name & phone # so we may contact: (or provide complete copy of lease agreement including pet clause)		If you have an HOA, are there pet policies? Pet limit in your city/county?	
How long at current residence?	Do you have any of the following (check all that apply): Patio ___ Balcony ___ Pet door ___ Unscreened windows ___ Unscreened doors ___ Backyard ___			

Household Information - Please name all current members and provide ages of all children.

Names of Adults and Relationship to You			Names and Ages of Children			
Rate the level of activity in your home: *required						
Very quiet	1	2	3	4	5	Very active

Current Pets in Household

Pet's Name	Type / Breed	Male / Female	Age	Fixed (Yes or No)	Time lived with you

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Type of Family Feline Desired

Breed / Type: _____

Age: < 6 months 6 mos.-1 year 1 year- 5 years 5 years-10 years 10+ years Doesn't matter

Gender: Male Female Doesn't matter

Coat type: Low shedding Short Medium Long Doesn't matter

Check all the qualities you WANT in your cat:

<input type="checkbox"/> Independent	<input type="checkbox"/> Playful	<input type="checkbox"/> Litter box trained	<input type="checkbox"/> Low energy, sleeps a lot
<input type="checkbox"/> Needy	<input type="checkbox"/> Likes other cats	<input type="checkbox"/> Good with children	<input type="checkbox"/> Hunter
<input type="checkbox"/> Athletic	<input type="checkbox"/> Confident	<input type="checkbox"/> Likes dogs	<input type="checkbox"/> Other _____
<input type="checkbox"/> Smart	<input type="checkbox"/> Affectionate	<input type="checkbox"/> Active and energetic	

Check any traits that you will NOT TOLERATE in your cat:

<input type="checkbox"/> Noisy	<input type="checkbox"/> Dislikes children	<input type="checkbox"/> Not litter box trained	<input type="checkbox"/> Chewing or scratching
<input type="checkbox"/> Timid, fearful	<input type="checkbox"/> Dislikes cats	<input type="checkbox"/> High energy	<input type="checkbox"/> Strong drives (hunting)
<input type="checkbox"/> Dislikes strangers	<input type="checkbox"/> Dislikes dogs	<input type="checkbox"/> Escapes	<input type="checkbox"/> Other _____

Why do you want to adopt a cat or kitten? (check all that apply):

<input type="checkbox"/> Companion for you or your family	<input type="checkbox"/> Hunt rodents	<input type="checkbox"/> Other _____
<input type="checkbox"/> Companion for another pet	<input type="checkbox"/> Gift	
<input type="checkbox"/> Companion for child	<input type="checkbox"/> Replace lost/deceased cat	

- Are any members of your household allergic to cats or have asthma? If YES, please explain _____
- Who will be responsible for care of the cat (feeding, cleaning litter box, vet visits, etc.)? _____
- Are you expecting any big changes in the next year (moving/buying home, getting married/having a baby, changing work schedule, etc.)? _____
- If you have a cat/pet door, when will the cat have access to the pet door? (24/7, day only, night only, when home alone, etc.) _____
- In what areas of your home will your cat(s) be allowed? Please be specific _____
- Where will you keep the litter box(es)? _____
- How many hours a day will your cat/kitten be left alone, and where? _____
- Will your new cat be: Indoor pet only ___ Outdoor pet only ___ Indoor/outdoor pet ___
- Are you a frequent traveler? If YES, how will your cat be cared for? _____
- What provisions will you make for your cat if you have to move locally or out of state? _____
_____ To a place that doesn't allow cats? _____
- Please describe previous pets, if any: _____
- Do you already have a cat or cats in your family? If YES, have you ever owned multiple cats at a time? _____
- Are your current pets up to date on vaccines? If NO, please explain _____

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- Under what circumstances would you consider giving up your cat? (check all that apply)
 - Divorce
 - Moving
 - Chewing or scratching
 - Biting
 - Garden destruction
 - Marry someone with allergies
 - Planning to have/had a baby
 - Not what I was expecting
 - Cat sheds too much
 - Cat is not trainable
 - Cat loses bladder/bowel control
 - Cat develops chronic illness
 - Neighbors complain about cat
 - High vet bills
 - Illness in family
 - Cat does not get along with current pet(s)
 - _____
 - I wouldn't give up my cat for any reason
- Do you plan to declaw your cat? Yes ___ No ___ Unsure ___ Depends on behavior ___
- Have you ever surrendered a pet to an animal shelter? _____
- Have you ever had a pet euthanized? If YES, please explain _____
- How do you anticipate your current pet(s) will react to the new cat? _____

- Have you ever applied to adopt an animal from another rescue group? If YES, please explain when you applied and the outcome _____
- If your new cat/kitten is not litter box trained, how will you train him/her? _____

- Please provide the name, address and phone # of your veterinarian: _____

- Are you prepared to take responsibility, financially and otherwise, for this cat's wellbeing for the rest of his/her life, knowing that most cats have a life expectancy of 15-20 years? _____
- What provisions will you make for your cat in the event that you become unable to care for him/her (unforeseen)? _____

- Are all members of the household in complete agreement with this adoption? _____
- How did you hear about Wagging Dog Rescue and our adoptable felines? _____
- Please add any additional information you wish us to consider when we evaluate your application: _____

- Would you like to learn about becoming a Foster Parent for one of our future rescued animals? _____

This application will be retained by Wagging Dog Rescue. If you are approved, this application will become part of our Adoption Agreement. We will not share your information with anyone and will only use it to make an informed decision concerning the adoption of our Wagging Dog rescued feline. Wagging Dog Rescue reserves the right to refuse service to anyone.

I understand that a home visit will be scheduled by a representative of Wagging Dog Rescue (WDR) as part of the application process and that my ID will be verified at this time. By submitting this application, I agree to such a scheduled visit. I understand that if I rent, WDR will verify permission to have this cat as a pet. I certify that all information provided by me in this application is true and correct. I have read and agree to abide by the requirements set forth. If I am approved and receive a cat or kitten from WDR, I will accept full responsibility, financially, emotionally and mentally, for the wellbeing of my new feline.

Adopter Signature: _____ Date: _____

Printed name: _____

Adopter Signature: _____ Date: _____

Printed name: _____