

Wild About Cats Rescue & Sanctuary

PO Box 7866 - Helena - MT-59604 - 406-439-3106

Adoption Application

Our goal is to ensure a healthy and happy life for both our cats and their human families. These are our adoption requirements:

- All current cats must be spayed/neutered.
- We strongly discourage declawing of cats and prohibit it for cats that go outdoors. Please read more about declawing before you decide – it is a painful surgical procedure. If you wish to declaw, we ask that you go elsewhere.
- If you still live with your parent/legal guardian, he or she must fill out the application.
- This is not a one-step process. We want to make sure the adoption is a great match for everyone involved. We may call references and visit your home before the adoption is final.

Name: _____

Address/City/State/Zip: _____

E mail: _____

Phone Number: _____

Date of Birth: _____

Have you been turned down by another rescue organization/shelter? (Note – This will not necessarily disqualify you if circumstances have changed.)

_____ Yes – Reason _____

_____ No

The ASPCA estimates that the first year of care for a cat (food, litter, vet care) totals \$715. This amount could be higher if your pet becomes sick or injured. Are you willing to take on this financial responsibility?

_____ Yes _____ No

I want to adopt: Name or description _____

Where will the animal live? _____ Indoor _____ Outdoor _____ Both

If you checked outdoor, please describe shelter and feeding arrangements: _____

What will happen to the cat if you move locally? Out of state? Overseas? _____

Under what circumstances would you consider not keeping the cat/kitten?

_____ Divorce/Separation _____ Move _____ New furniture

(over)

_____ New baby _____ New job _____ Illness _____ Allergies

Do you rent your home/apartment? _____ Yes _____ No

If you rent, please provide your landlord's name and phone number so we can verify that cats are allowed in your residence:

Landlord's name: _____ Phone: _____

Please describe the other people you live with (spouse/partner, relatives, roommates, children). Is anyone in your household allergic to cats? _____

Please provide the following information for each animal currently living in your household:

Animals Name	Type/Breed	Age & Sex	Spayed/Neutered

Have you ever had to give up or re-home a pet? If yes, what were the circumstances? _____

If you currently have pets, or have had a pet in the past five years, please provide a veterinary reference.

Clinic Name: _____ Phone: _____

This section is only for applicants who have not had a pet in the past five years. Please provide two personal references. These should be people who are familiar with your experience with animals.

Personal Reference Name: _____

Email or Phone Number: _____

Personal Reference Name: _____

Email or Phone Number: _____

Personal Reference Name: _____

Email or Phone Number: _____

I will provide the cat with all necessary medical care if it becomes sick or injured. I will take

Signature: _____ **Date:** _____