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
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



		iliness	Allergies
Do you rent your nome/aparth	nent?Ye		
If you rent, please provide you allowed in your residence:	r landlord's name and p	phone number so we ca	n verify that cats are
Landlord's name:		Phone:	
Please describe the other peop anyone in your household aller	le you live with (spouse	e/partner, relatives, roo	mmates, children). Is
Please provide the following inf	formation for each anin	nal currently living in yo	ur household:
Animals Name	Type/Breed	Age & Sex	Snaved/Neutered
	11		- payed/medicied
lave you ever had to give up or			A STATE OF THE STA
f you currently have pets, or ha	ve had a pet in the past	five years inlease prov	ide a veterinary reference
Clinic Name: This section is only for applicant	s who have not had a p	one:et in the past five years	. Please provide two
Clinic Name: This section is only for applicant ersonal references. These show	s who have not had a puld be people who are	one:et in the past five years	. Please provide two ience with animals.
clinic Name: This section is only for applicant ersonal references. These showers are the control of the	Pho s who have not had a p uld be people who are	et in the past five years familiar with your expe	. Please provide two rience with animals.
ilinic Name:his section is only for applicant ersonal references. These shown the control of the contro	Pho s who have not had a p uld be people who are t	et in the past five years familiar with your expe	. Please provide two rience with animals.
his section is only for applicant ersonal references. These shown the shown that the second reference Name:	Pho s who have not had a p uld be people who are t	et in the past five years familiar with your exper	. Please provide two ience with animals.
his section is only for applicant ersonal references. These shown are shown as a section is only for applicant ersonal reference Name:	s who have not had a pull be people who are	et in the past five years familiar with your exper	. Please provide two ience with animals.
his section is only for applicant ersonal references. These shown are shown as a section is only for applicant ersonal reference Name:	s who have not had a puld be people who are	et in the past five years familiar with your expe	. Please provide two ience with animals.
f you currently have pets, or ha Clinic Name: This section is only for applicant personal references. These show Personal Reference Name: The personal Reference Name:	s who have not had a puld be people who are	et in the past five years familiar with your expe	. Please provide two rience with animals.
Clinic Name: This section is only for applicant personal references. These shows the section of the sect	s who have not had a puld be people who are	et in the past five years familiar with your expe	. Please provide two rience with animals.