

**Wandering Whiskers Rescue**  
**Adoption Application**  
[www.wanderingwhiskersrescue.com](http://www.wanderingwhiskersrescue.com)  
[WanderingWhiskersRescue@Gmail.com](mailto:WanderingWhiskersRescue@Gmail.com)  
(P)856-882-2340 (F)856-344-7699



**PERSONAL INFORMATION**

Name: \_\_\_\_\_

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

Spouses Name: (if applicable) \_\_\_\_\_

How many Children in your home? \_\_\_\_\_ Ages: \_\_\_\_\_

Are there any others residing in your home? \_\_\_\_\_ If so, please list:  
\_\_\_\_\_  
\_\_\_\_\_

**RESIDENTIAL INFORMATION**

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this where the pet will live with you? \_\_\_\_\_

How long have you resided at this address? \_\_\_\_\_

Do you rent or own? \_\_\_\_\_ Apartment? \_\_\_\_\_ House: \_\_\_\_\_

What happens to the pet if you move? \_\_\_\_\_

If renting, what is your landlord's name \_\_\_\_\_

Landlord's Phone Number: \_\_\_\_\_

Have you received permission from your landlord to have a pet? \_\_\_\_\_

Is there a restriction on the number of pets? \_\_\_\_\_

## CURRENT PETS

What kind of other pets do you have in the home? Please List: \_\_\_\_\_  
\_\_\_\_\_

Are they current on their vaccinations? \_\_\_\_\_

Are they spayed/neutered? \_\_\_\_\_

Have you had to re-home or bring a pet to the shelter? \_\_\_\_\_

If Yes, reason? \_\_\_\_\_

## VETERINARY INFORMATION

Your veterinarian's Name:\* \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

*\*\*If you do not have a current vet because you do not have any pets, please list the vet you plan to use for future wellness visits. All adopted cats should be brought in for a wellness visit within two months of adoption.\*\**

## REFERENCES

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

## OTHER

How many hours a day is someone not home: \_\_\_\_\_

Do you require the cat you wish to adopt to be declawed: \_\_\_\_\_

Will this pet be an indoor or outdoor cat: \_\_\_\_\_

*\*Note we may have barn / mouse outdoor cats for adoption*

## **ADOPTION INFORMATION**

Name of cat(s) you are applying for:

---

Are you willing and able to provide food, shelter and medical care for adopted pet(s)?

---

Should you fall on hard times or no longer be able to take care for the pet, what would be your plan for their future?

---

---

I (name) \_\_\_\_\_ certify that all the information on this adoption form is true. I give permission to Wandering Whiskers Rescue to verify information as needed. I understand that a home check is required prior to adopting a cat/kitten. Any false statement will terminate potential adoption.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **INTERNAL USE**

Approve to Adopt: \_\_\_\_\_ Adopted Cat: \_\_\_\_\_

If "no" explanation \_\_\_\_\_

---

Notes \_\_\_\_\_

---