



# Adoption Application

Whiskers  
Tails & Ferals

We are committed to finding permanent, responsible and loving forever homes for our rescue pets. Thank you for completing this application which will help us find the best match for the kitty and you. You must be at least **21 years old** to fill out the application and/or adopt an animal. Please be aware that the adoption process may take several business days for approval. Submission of an application does not guarantee that you will be able to adopt one of our animals. Home visits may be requested prior to approval and follow-up visits may be required as part of the adoption agreement.

**In order for us to process the application, please fill it out in its entirety.**

OFFICE USE ONLY			
Name of Animal Adopted: _____	Microchip # _____		
Name of Animal Adopted: _____	Microchip # _____		
Breed: _____	Gender: Male Female	Date of Birth: _____	
Color/Markings: _____	Foster Family: _____		
Adoption Fee: _____	Encoded: _____	Date of Adoption: _____	Verification of ID: Yes/No

**Please answer each question completely.**

List All Desirable pets' name/s \_\_\_\_\_

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Spouse/Partner Name: \_\_\_\_\_

Street: \_\_\_\_\_ Apt: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell # \_\_\_\_\_ Alternate # \_\_\_\_\_ Email address: \_\_\_\_\_

How did you hear about Whiskers, Tails and Ferals and this animal? \_\_\_\_\_

**After your cat/kitten adoption,** would you like to foster any other, different kitties for us in the future or know someone who would? \_\_\_\_\_

Do you know anyone who might need a barn cat? \_\_\_\_\_ Phone # \_\_\_\_\_

<b>Emergency Contact</b>	Please provide complete information.
Full Name: _____	
Address: _____	
City: _____	State _____ Zip: _____
Cell phone: (____) _____	Email Address: _____

## Personal Questionnaire

**How long have you lived at your current address?** \_\_\_\_\_ Nearest cross street: \_\_\_\_\_

**Housing type:** House \_\_\_ Condo \_\_\_ Apartment \_\_\_ Mobile Home \_\_\_ Dorm \_\_\_

**And I live with:** Alone \_\_\_ Partner \_\_\_ Family \_\_\_ Parents \_\_\_ Roommate \_\_\_ Other \_\_\_

**Home Status:** I own \_\_\_ I rent \_\_\_ Estate \_\_\_

**If you rent, have you paid the pet deposit?** Yes / No

Landlord's name: \_\_\_\_\_ Landlord's phone number: \_\_\_\_\_

If you have lived at your current address less than a year, what was your previous address?

**Are you employed?** \*If self-employed, please explain the type of work you do or your business name.

Full time \_\_\_\_\_ Part time \_\_\_\_\_ Not employed \_\_\_\_\_ Retired \_\_\_\_\_ **How long?** \_\_\_\_\_

Employer: \_\_\_\_\_ May we verify employment? Yes / No

**Is your spouse/partner employed?** Full time \_\_\_\_\_ Part time \_\_\_\_\_ Not employed \_\_\_\_\_ Retired \_\_\_\_\_

**How long?** \_\_\_\_\_ Spouse/Partner's Employer: \_\_\_\_\_ May we verify employment? Yes / No

### Your Current Pets if Applicable:

Are your pet(s) neutered or spayed? Yes / No Have they been tested for FIV and Leukemia? Yes / No

**FIV test:** positive \_\_\_\_\_ negative \_\_\_\_\_ **Leukemia test:** positive \_\_\_\_\_ negative \_\_\_\_\_

Name of Veterinarian that performed tests: \_\_\_\_\_ Veterinarian phone #: \_\_\_\_\_

Are your pet(s) current on ALL shots? Yes / No Do you have a regular veterinarian: Yes / No

Veterinarian's Office/name: \_\_\_\_\_ Phone number: \_\_\_\_\_

May we contact the veterinarian to verify the above? Yes / No

### Current Pets

Name of Pet	List Breed	Age of pet	Years Owned	Spayed/ Neutered	Declawed?	Where is pet usually kept	Do you still have this pet	What happened to pet /How did it pass?	Licensed
				Yes / No	Yes / No		Yes / No		Yes / No
				Yes / No	Yes / No		Yes / No		Yes / No
				Yes / No	Yes / No		Yes / No		Yes / No
				Yes / No	Yes / No		Yes / No		Yes / No

Personal Questionnaire continued...

**Recent Pets (in the last ten years or earlier if applicable)**

Name of Pet	List Breed	Age of pet	Years Owned	Spayed/ Neutered	Declawed?	Where was pet kept?	What happened to pet/How did the pet pass?
				Yes / No	Yes / No		
				Yes / No	Yes / No		
				Yes / No	Yes / No		
				Yes / No	Yes / No		

<b>Whiskers, Tails and Ferals expects that you are going to make a lifelong commitment to this pet:</b>	
Are you aware and willing to spend approximately <b>\$800</b> per year to keep a cat?	Yes / No
Are you prepared that kitty may adjust to other pets and/or its new home <b>30 days or longer</b> ?	Yes / No
Cats often live longer than 15 years. Are you ready to take responsibility for the cat's entire life?	Yes / No
Do you anticipate any <b>major lifestyle changes</b> (moving, marriage, new baby, new job)? Please explain:	Yes / No
_____	

Does any member in the household have allergies to pets? Yes / No

Was your entire family involved with selecting the new pet? Yes / No

How long have you been thinking of adopting? \_\_\_\_\_

How long do you plan on keeping this pet? \_\_\_\_\_

Reason(s) for adoption: Gift \_\_\_ Companion \_\_\_ Mouser \_\_\_ For a child \_\_\_ Companion for other pet \_\_\_

Emotional Support Animal \_\_\_\_\_ Other reason for wanting to adopt: \_\_\_\_\_

Where will your cat be kept during the day? \_\_\_\_\_ Night? \_\_\_\_\_

Would any of your neighbors object to your cat spending time in their yard? Yes / No

If they did object, what would you do? \_\_\_\_\_

Where will pet be kept when alone? \_\_\_\_\_

Who will care for the pet(s) should you go on vacation? \_\_\_\_\_

Which member of the household will hold primary responsibility for caring for your pets?

Feeding: \_\_\_\_\_ Training: \_\_\_\_\_ General Care: \_\_\_\_\_

**Who will care for the pet in the event that you are no longer able to?** \_\_\_\_\_

**Have you planned and discussed this with the person listed above?** \_\_\_\_\_

Do you plan on letting your cat exercise outdoors? Yes / No

Upon adoption of your kitty, **when** do you plan on letting the cat outdoors? \_\_\_\_\_

Which best describes the vehicle traffic outside your residence? Heavy \_\_\_\_ Medium \_\_\_\_ Light \_\_\_\_

**Please circle your response and fill in where applicable.**

Have you ever applied with our organization before?	Yes No
Have you ever adopted from other rescue organizations or a shelter?	Yes No Please list names of organizations:
If you've adopted from other rescues/shelters, where is the pet now?	The pet is...
Have you ever surrendered any animals to an animal shelter before?	Yes No If so, what was the reason and how long ago?
Has anyone in your home been convicted of a charge related to cruelty to animals or child abuse?	Yes No
Are any abuse, neglect, or criminal charges pending?	Yes No
Have you ever had to find another home for one of your pets?	Yes No If yes, when and why: _____ How did you do that?
Do you intend to declaw?	Yes, Front paws only _____ No _____ Yes, All four paws _____

**Please check any behaviors that might cause you to return this cat:**

✓	Allergies	✓	Destructive behavior	✓	Vacation Plans
	Moving		Not getting along with current pets		Scratches furniture
	Vet bills		Not the right personality		Housetraining
	New baby		Change in marital status		Job change
	Graduation		Cat hair on furniture or clothing		Aggressiveness

If a behavior problem arises, what steps will you take to work it out? \_\_\_\_\_

## You & Your Household

Cat Experience	Household Members	Atmosphere	Cat Will Be Alone	Cat Will Live
<input type="checkbox"/> Never had a cat	<b># Adults by age:</b> 17 - 21 _____	<input type="checkbox"/> Quiet/Calm	<input type="checkbox"/> Rarely	<input type="checkbox"/> Inside
<input type="checkbox"/> Grew up with cats	22 -29 _____	<input type="checkbox"/> Moderate	<input type="checkbox"/> Part-time - Alone	<input type="checkbox"/> Inside/ Outside
<input type="checkbox"/> 1st cats as an adult	30-38 _____	<input type="checkbox"/> Active	<input type="checkbox"/> 3 - 5 hours a day	
<input type="checkbox"/> 1 or 2 cats as an adult	39-59 _____	<input type="checkbox"/> Lively	<input type="checkbox"/> Full-time - alone; 6 - 8 hours a day	
<input type="checkbox"/> Many cats as an adult	60-69 _____			
	70 + _____			
	<b># of Children</b> _____			
	<b>Ages of Children:</b>			

## Kitten/Cat Interest

Age	Coat	Energy	Gender
<input type="checkbox"/> Kitten (up to 6 months)	<input type="checkbox"/> Short	<input type="checkbox"/> Low	<input type="checkbox"/> Female
<input type="checkbox"/> Juvenile (7 - 18 mo)	<input type="checkbox"/> Medium	<input type="checkbox"/> Medium	<input type="checkbox"/> Male
<input type="checkbox"/> Adult (18 mo - 5 yrs)	<input type="checkbox"/> Long	<input type="checkbox"/> High	
<input type="checkbox"/> Mature (5+ yrs)	<input type="checkbox"/> No preference	<input type="checkbox"/> No preference	<input type="checkbox"/> No preference

Please feel free to provide any additional information you feel might be relevant regarding your answers to the previous questions.

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**Adoption Contract and Consent Form**  
**Whiskers, Tails and Ferals**  
**1370 Trancas Street, #206**  
**Napa, California 94558**  
**(707) 258 – 2287**

Please know that Whiskers, Tails and Ferals strives to adopt out healthy and happy kitties. Our organization does not breed nor buy kitties, but rescues them out of shelters and off the streets. Since we have no background knowledge of the kitties' health or breeding, it is difficult for us to anticipate any health issues which may arise in the future. Recently ringworm has been an unforeseen short-term condition that can present weeks later. Upon kitties' arrival, our organization tests kittens for Feline Leukemia and we test adults for FIV and Feline Leukemia. All cats are provided with initial deworming and flea treatment while in our care. Unfortunately, as of yet, there is no test nor vaccinations for Feline Infectious Peritonitis.

Whiskers, Tails and Ferals reserves the right to confiscate any pet it has adopted to any applicant giving false information on this application.

Please read carefully and **initial** the following:

\_\_\_\_\_ I consent to verification of all the information I provided in the adoption application by Whiskers, Tails and Ferals and agree that all information is true.

\_\_\_\_\_ I agree to keep this cat as a companion and to devote the time necessary to provide for its comfort safety, and happiness. This includes, but is not limited to, proper shelter, nutrition, regular veterinary care, emergency care, when needed, for the life of the cat.

\_\_\_\_\_ If I find I cannot keep this cat, I agree to return it to Whiskers, Tails and Ferals.

\_\_\_\_\_ Whiskers, Tails and Ferals charges a **\$200 adoption fee** when you adopt a kitten or cat. This helps cover the cost of medical examinations and care to date, spaying or neutering, appropriate vaccinations, testing for feline leukemia and microchip. I agree to pay this fee at the time of adoption and understand that it is **non-refundable**.

\_\_\_\_\_ If I find I cannot keep this cat, I agree to return it to Whiskers, Tails and Ferals.

Should I fail to carry out the agreements I have made as part of this contract, or should any of the statements I have made be found to be false, I agree to surrender the cat/kitten adopted through Whiskers, Tails and Ferals back to said organization upon demand. I agree to provide the **relinquishment fee of \$75** which will ensure the cats' initial vet assessment and appropriate vaccines to prepare for future adoptions. I have read the above and agree to adopt the cat under these terms in this adoption application.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_