Adoption Application Form

West End Cat Rescue

Saving Animals From Euthanasia

SAFE/WECR is a 501c3 Organization ▪ P.O. Box 29662 ▪ Henrico, Virginia 23242 ▪ 804-751-4501

Volunteer: _____ Adoption Date: _____ Location: _____

In order to be considered for an adoption, you must be at least 25 years of age and:
1) *have the knowledge and consent of all adults living in your household*
2) *must be an American citizen and have a valid ID with current address*
3) *guarantee the animal will be living in a home environment*
4) *understand that no adoption will be considered/processed as a gift for a 3rd party*
5) *understand that completing this application does not guarantee adoption and that SAFE/WECR must approve your application*
6) *have no children living in the household under 5 years of age.*

About You and Your Household

Field			
Name:		Age:	
Spouse/Roommate:		Age:	
Address:			
City:	State:	ZIP:	
Driver's License #		State:	
SS# (**Military Only**)			
Home phone:		Cell phone:	
Work phone:		E-mail address:	
Current employer:		Current occupation:	
Spouse employer:		Spouse occupation:	
Do you own or rent?		How long at current address?	
# Adults in home:	# Children in home:	Ages of children:	

Complete This Section Only if You Rent. Check appropriate answer column:	Yes	No	N/A
Do you have permission from your landlord to get a cat?			
Are you fully aware of the pet deposit and monthly fees, if any, you must pay to have a pet on the rental property?			
If Yes, what's your landlord's name and phone number?			

NOTE: If we are unable to contact your landlord, you must provide a copy of your current lease agreement to verify pet policy.

Check appropriate answer column:	Yes	No	N/A
Are you aware of the costs associated with taking care of a new pet?			
Are you willing to take responsibility for this adopted pet for the next 10 to 15 years?			
Do you understand that you are adopting an animal that has been rescued from a pound and may have unforeseen behavior and/or medical problems?			
Do you have plans to move in the near future?			
If Yes, are you willing to take your cat with you?			
If you have to move unexpectedly, will you seek out pet-friendly housing only?			
Will you treat this pet as a member of your family and not abandon it if it becomes inconvenient or if your family status changes (such as moving, marriage, divorce, new baby, etc.)?			
Does any member of your household have asthma or allergies related to pets?			
If yes, please explain.			

Adoption Request

Which of our adoptable cat(s) are you interested in? (If not sure, skip to next question.)	
What type of cat are you looking for?	
Why did you decide to adopt a cat?	

Pet History

Check appropriate answer column:	Yes	No	N/A
Will this be your first cat?			
Is (Are) your current cat(s) declawed?			
Has your cat(s) been tested **Negative** for Feline AIDS and Feline Leukemia?			
Have you or any member of your immediate family ever surrendered an animal to a shelter, rescue group, or another party?			
If Yes, please explain.			

Have you ever had a pet that…	**Please circle appropriate answer:**				
… was hit by a car?	Yes	No	… was stolen?	Yes	No
… ran away?	Yes	No	… died in your care?	Yes	No

If you replied Yes to any of the questions above, please explain.

Your Veterinarian / Medical Considerations			

Name of your veterinarian:				
Please provide phone # and address.				

Check appropriate answer column:	**Yes**	**No**	**N/A**
Would you like us to provide veterinarian recommendations?			
If you are adopting a kitten/puppy that is not spayed/neutered, are you willing to alter your pet when age appropriate?			
Are you planning to have the cat/kitten declawed in the future?			

Pet Environment			

How many pets do you currently have in your household?	

Please list below the pets in your household.

Pet Type (Cat/Dog/Other)	Pet Breed	Spayed/Neutered? (Yes/No)	Kept where? (In/Outdoor)	Pet Name	Age

Is this pet for you or another family member?	
If for another family member, who?	
Will this animal be kept indoors or outdoors?	
How many hours a day will your pet be left alone?	

Check appropriate answer column:	**Yes**	**No**	**N/A**
Are you willing to have a SAFE/WECR volunteer visit your home?			
If No, please explain.			

Check appropriate answer column:	**Yes**	**No**	**N/A**
Have you prepared a place for your new pet to sleep, play, eat, etc.?			
Does the home have a pet door with access outdoors?			

Check appropriate answer column:	Yes	No	N/A
Are you willing to modify your home to accommodate a new cat/kitten?			
If you currently have a dog, is it good with other dogs and/or cats?			
If you currently have a dog, are you able to keep your new cat/kitten separated from your dog, especially when you are not at home?			
If you currently have a cat(s), do they go outside at any time?			
Do you or does anyone in your household smoke?			
Do you have someone to provide **daily** care for your pet(s) while you are on vacation, etc. and are you confident about this person's ability to provide adequate pet care?			
When on vacation or away from home, who will take care of your pet(s)?			
Are you or a member of your immediate family serving or planning to serve in the military?			
If Yes, who will care for the pet if you are deployed?			
Are you aware of the military requirements and limits for pets?			
Have you ever given up a pet due to your military service?			
If Yes, please explain.			
Have you ever been charged with or convicted of animal abuse, abandonment, or neglect?			
If Yes, please explain.			

References – List three, only one family member please.		
Name	**Relationship**	**Phone Number**

Please sign in the box provided.

By signing this form, I certify that all information given in this application is true and correct to the best of my knowledge.

Your signature: **Date:**