



# Whatcom Humane Society Cat Adoption Application

Thank you for choosing to adopt! Please complete the following questions to help guide our conversation today.

**PLEASE PRINT**

Your First & Last Name: \_\_\_\_\_

Your Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

(e-mail addresses are used for registering microchips of adopted pets and for internal lost & found purposes,  
your e-mail address is not sold for commercial use)

Do you (please check): Rent  Own  Live w/parent  **-in a-** House  Apt  Condo  Other

Landlord/Property Management Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

This pet is meant to be a gift. I would like more information on how this process could work for my situation.

**Tell us about the HUMAN members of the new pet's household** (i.e., # of adults/seniors/children):

\_\_\_\_\_  
\_\_\_\_\_

**Tell us about the ANIMAL members of the new pet's household:**

- There are one or more dog(s)
- There are one or more cat(s)
- There are one or more small animal(s)
- There are one or more livestock animal(s)

<u>Staff Use Only</u>
_____
_____
_____
_____
_____

Whatcom County residents, if you own dogs, are they currently licensed? (required by law)  **Yes**  **No**

City of Ferndale residents, if you own cats, are they currently licensed? (required by law)  **Yes**  **No**

**Tell us about regular visitors to your home** (i.e. other people's pets, children, seniors with walkers/canes, etc.):

\_\_\_\_\_  
\_\_\_\_\_

**What characteristics and personality traits are you looking for in a cat?**

- Playful and toy loving
  - Affectionate, cuddly, lap cat
  - Shy, needs time to build trust
  - Couch potato – laid back, low energy
  - Social butterfly – outgoing and friendly with everyone
  - A cat’s cat – lives well with others and likes most cats
  - K-9 friendly – is comfortable in a home with dogs
  - Independent - a cat who will bond closely with their person
  - Furry ball of chaos – an active feline who loves to play all the time!
  - Declawed – I prefer my cat to be declawed
  - Other: \_\_\_\_\_
- 

**What energy level are you looking for?**

- Low – mostly wants to sit in my lap or nap all day in the sun
- Medium – playful for periods of time, ok with passive toys and occasional interactive playtime
- High (most kittens) – on the go ALL THE TIME! Needs daily interactive playtime. Lap, schmap, I’d rather play than cuddle!

**Do you need a kid-friendly feline?**

*Our shelter has cats who would make great kid companions, cats who are ok when kids visit but don’t want to live with them full-time, and cats who are uncomfortable or even afraid of children. Tell us more about your lifestyle and plans so we can consider the cat’s kid-capability when picking out your possible pur-buddy.*

- I am currently expecting a child
- Kids live in my home
- Kids frequently visit my home
- My cat will be around lots of kids in my neighborhood
- I don’t have kids, but might want to try during my cat’s lifetime
- No kids for me!

**Where will you keep the cat during the day and at night?**

- Indoors 24/7
- Mostly indoors, outdoor with supervision
- 50/50 - my cat will have access to a cat door
- Outdoor only
- Other: \_\_\_\_\_

**My cat needs to be able to be without human companionship:**

- Never – I work from home or am home all the time
- Less than 4 hours per day
- 4 – 8 hours per day
- More than 8 hours per day

**When good cats go bad...**

*No cat is perfect, and even the best cats have quirks! We do a behavior evaluation of every cat before making them available for adoption, so we have a pretty good idea of what our cats' strengths and weaknesses are. **Let us know what traits you would be willing to work with:***

Trait	Yes	Maybe	No
Shy / scared			
History of litter box issues – environmental / medical			
History of spraying / territorial behavior – applies to males and females			
Vocal – very talkative			
Requires frequent grooming			
Doesn't like other pets – wants to be the only pet in the home			
Discomfort around kids			
Destructive scratching			
Overstimulation – biting / scratching			
Pica – eats unusual objects / material			
Doesn't like when certain areas of the body are touched			
I'd rather adopt a cat who doesn't need much work			

**We'll explain this pet's medical and behavior history but please check any additional topics you'd like to discuss:**

Home	Handling	Health	Happiness
<input type="checkbox"/> Litter box info <input type="checkbox"/> Introducing this pet to other pets <input type="checkbox"/> Moving with pets <input type="checkbox"/> Children and pets <input type="checkbox"/> What to expect the first 3 days, 3 weeks, 3 months. <input type="checkbox"/> Other: _____	<input type="checkbox"/> Appropriate / safe handling <input type="checkbox"/> Overstimulation <input type="checkbox"/> Cat body language <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Feeding and nutrition <input type="checkbox"/> Grooming / nail trimming <input type="checkbox"/> Future vaccinations <input type="checkbox"/> Finding a veterinarian <input type="checkbox"/> Declawing <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Exercise <input type="checkbox"/> Cat trees / scratching material <input type="checkbox"/> Toys and fun activities <input type="checkbox"/> Appropriate treats <input type="checkbox"/> Other: _____ _____

**For you to adopt this animal, we need you to:**

- ❖ Be financially able to provide for the animal's needs. This includes food, supplies, grooming, and veterinary care.
- ❖ Be certain you have adequate time to spend with your new pet, including time for socializing and playtime.
- ❖ Have your landlord's permission to bring an animal onto their property.
- ❖ Bring in others living in the household to meet the pet you are interested in adopting.
- ❖ Be at least 18 years of age and have verifiable identification.
- ❖ Understand that this is an adoption, **not a sale**. The Whatcom Humane Society reserves the right to postpone or refuse an adoption.

**Please read and sign below**

- As part of the commitment to having each adoption be a success, I understand that the Whatcom Humane Society may contact me for adoption follow-ups if I adopt a pet.
- I hereby release to the Whatcom Humane Society all veterinary records of any/all animal(s) I have had or currently have. Name of veterinary hospital: \_\_\_\_\_
- I certify that all the information in this application is true and I understand that false information may void the application. I also understand that failure to comply with future requirements, such as not providing a follow-up veterinary exam could result in my inability to adopt other animals from the Whatcom Humane Society.

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

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

**\*\*FOR STAFF USE ONLY\*\***

Person # \_\_\_\_\_ Is there a file in PetPoint? Yes  (If yes, add notes below) No

Person file notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Landlord Follow-Up:**

Landlord Approval: Obtained  Date/Initials \_\_\_\_\_ Denied  Date/Initials \_\_\_\_\_

Landlord notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I have reviewed the following cat related issues with the potential adopter:**

- | 1 <sup>st</sup>          | 2 <sup>nd</sup>          | 3 <sup>rd</sup>          | 4 <sup>th</sup>          |                               | 1 <sup>st</sup>          | 2 <sup>nd</sup>          | 3 <sup>rd</sup>          | 4 <sup>th</sup>          |  |
|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cat to cat introductions      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Declawing                              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cat to dog introductions      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Identification / microchips            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Litter box issues             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vaccinations                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cats and change               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Behavior evaluations / behavior issues |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Scratching behavior           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Behavior help / contacting WHS         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Medical card / medical issues |                          |                          |                          |                          |  |

**1<sup>st</sup> Counsel Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Counselor Name: \_\_\_\_\_ Date: \_\_\_\_\_

**2<sup>nd</sup> Counsel Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Counselor Name: \_\_\_\_\_ Date: \_\_\_\_\_

**3<sup>rd</sup> Counsel Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Counselor Name: \_\_\_\_\_ Date: \_\_\_\_\_

**4<sup>th</sup> Counsel Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Counselor Name: \_\_\_\_\_ Date: \_\_\_\_\_