



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 #: _____

(If your landlord requires an ESA letter, we will not proceed with the adoption process until you have submitted all necessary documentation)

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):

Have you owned cats before? Yes No My family had cats growing up, but this will be my first pet

Tell us about the current 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 doesn’t need/want much attention and may only bond 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 st | 2 nd | 3 rd | 4 th | | 1 st | 2 nd | 3 rd | 4 th | |
|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <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 | | | | | |

1st Counsel Comments:

_____ Counselor Name: _____ Date: _____

2nd Counsel Comments:

_____ Counselor Name: _____ Date: _____

3rd Counsel Comments:

_____ Counselor Name: _____ Date: _____

4th Counsel Comments

_____ Counselor Name: _____ Date: _____