



Working Cat Adoption Application

Personal Information: (Please Print)

First & Last Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Address Where the Cats Will Live: _____
(If different from above)

City: _____ State: _____ Zip Code: _____

Phone # _____ Alternate # _____

E-mail Address: _____

Property Information: (Where the cat(s) will live)

Do you (please check): Rent Own - a - Barn Warehouse Shop Other please list:

i.e. Boathouse, Plant Nursery, etc. _____

For renters, what is your landlord's name and number? _____

What is the **size and description of the property** where the cats will live? _____

What is the **size and description of the structure** in which the cat(s) will live/have access to at all times: _____

Animal Information:

Have you had working cats before? Yes No

Do you currently have working cats? Yes No If yes, how many? _____

How many working cats are you interested in adopting? _____

Would you be interested in a 'special needs' working cat (has one eye, one leg, etc.)? Yes No

Initially, working cats must be securely confined in their living structure for approximately 2-4 weeks. Are you willing to allow for this adjustment time? Yes No

How will you keep them confined in this space? _____

(continues)

During the confinement period, the cat(s) will require a litter box with daily cleaning. Are you willing to maintain a litter box for a limited time? Yes No

Are you able to provide fresh food and water daily, continuing after the confinement period? Yes No

Who will care for your working cat(s) if you are away? _____

Do you agree to trap and take to the vet if the cat(s) have an illness or injury? Yes No

Please provide the name of your vet: _____

Please give us a few examples of pets you currently own and/or have owned in the past:

Species (i.e. dog, cat etc.)	Age & Sex	Is/Was the Pet Spayed/Neutered?	Lives Inside, Outside or Both?	Do you still have this pet? If no, what happened?

Have you recently lost any animals to predation? Yes No If yes, how recently? _____

If you have dogs, are they allowed to run loose? Yes No If yes, what provisions will you take to protect your working cats? _____

I have read the above form carefully and have completed the application honestly. By signing below, I certify that the information is true. I understand that omission of information or failure to answer all questions honestly can result in this application being denied. Also, if an omission or untruth is discovered after an adoption takes place, I understand that the Whatcom Humane Society reserves the right to annul the adoption and reclaim the animal. I give WHS permission to fully investigate the information provided as well as contact veterinarians and related officials.

(Signature)

(Date)

----- **STAFF USE ONLY** -----

Is there a file in PetPoint? Yes No Person # _____

If yes, person file notes: _____

Landlord Permission (date/initial): Obtained: _____ Denied: _____

Landlord Notes: _____

Staff Adoption Notes: _____

****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 working cat related issues with the potential adopter:

- | 1 st | 2 nd | 3 rd | | 1 st | 2 nd | 3 rd | |
|--------------------------|--------------------------|--------------------------|---------------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Confinement / adjustment period | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Declawing |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Daily food / water year round | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Identification / microchips |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Future veterinary care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vaccinations |
| <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | Helpline – Contacting WCP Coordinator |
| <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: _____