



923 Rail Dr. – PO Box 93  
 Ashland, WI 54806  
 715.682.9744  
 chaadopt@yahoo.com

## CAT ADOPTION APPLICATION

List the name/s of the animal you are interested in adopting:

<b>Your Name:</b>		<b>1<sup>st</sup> Choice Name</b>	
<b>Address:</b>		<b>2<sup>nd</sup> Choice Cat's Name:</b>	
<b>City/State/Zip:</b>		<b>3<sup>rd</sup> Choice Cat's Name:</b>	
<b>Home Phone Number:</b>		<i>Please provide: Email is required for registering microchips upon adoption!</i>	
<b>Cell Phone Number:</b>		<b>Email Address:</b>	

### ABOUT YOUR HOME

Type of Home	Do You?	More Information
<input type="checkbox"/> House	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Parents	Landlord Name: Phone Number:
<input type="checkbox"/> Apartment	<input type="checkbox"/> Dorm <input type="checkbox"/> Other	If you have a Landlord: Have you already spoken to them regarding adopting an animal? (If applying with an ESA, please send a copy of the ESA letter with your application)  How many times have you moved in the past 5 years?  How long have you lived at this address?
<input type="checkbox"/> Mobile Home	If Other Explain:	
<input type="checkbox"/> Dormitory		
<input type="checkbox"/> Other		

### ABOUT YOUR FAMILY

How many adults live in your house?		Ages of the children in the house	
How many children live in house?		Ages of the children who visit	
How many children visit often?		Is anyone nervous or unsure around cats?	
Are all household members in agreement with the adoption?		Who will be financially responsible for the cat?	
Who will be the primary caregiver for the cat?		Describe your household activity Level:	
Does anyone have asthma or allergies to cats?		Do you have any current pets living with you?	

### CURRENT PETS

Pet's Name	Species/Breed	Age	Years Owned	Gender	Spayed/Neutered	Up-To-Date On vaccines?

Do your current pets get along with cats?		What vet hospital do you currently use?	
Have you used any other vet clinics? If so, List the names of those clinics:		May we call them to verify your pet's medical records?	
Any behavioral or health issues?		What owner's name are vet records under?	

**PET HISTORY**

Do you and your family members have experience owning cats?		Have you ever surrendered, given away or returned an animal?	
Do you have experience being the primary caregiver?		Have you ever had a cat give birth?	

**PREVIOUS PETS** - Please list ALL previous pet's from at least the last 10 years. For vet clinic's used, if you used more than one clinic, list ALL clinics used (Note: If you do not list a vet clinic used for your previous animals, your application will not be processed, as it is considered incomplete).

Name	Species/ Breed	Spayed/ Neutered	Years Owned	What happened to them?	How Long Ago?	Vet Clinic Used

**PLANS FOR YOUR NEW PET**

Will the cat live inside, outside, or both?		Where will the cat be when no one is home?	
Are you able to commit to providing a lifelong home?		Are you willing to allow for an adjustment period?	
Are you willing to bring the cat to a veterinarian for yearly checks?		Are you able to afford all the necessary expenses for the cat?	
Is there a chance that the cat will be declawed?		Are you willing to receive info about declawing alternatives?	

**PREFERENCES**

Preferred Size:		Preferred Age:	
Preferred Energy Level:		Preferred Breed Type:	
Reason for adopting:		Declawed? (Yes or No)	

**PLEASE PROVIDE 3 PERSONAL REFERENCES-** References must be provided to process the application, You MUST list 3 references or the application will not be processed as it is then considered incomplete

Name	Phone Number	Relationship to You

**WHERE/HOW DID YOU HEAR ABOUT THE CAT YOU'RE TRYING TO ADOPT?**

CHA'S FB PAGE  FRIEND'S FB PAGE  CHA'S WEBSITE  PETFINDER  ADOPT-A-PET  VISITED CHA

**OTHER:**

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**PLEASE READ THE FOLLOWING:**

- CHA reserves the right to refuse any adoption application.
- Animals are not placed on a “first-come-first-served” basis. We make our decision trying to find the best fit for both the family and the animal to minimize the chance of the animal being returned due to incompatibility.
- The information you have provided this application is accurate and not misleading in any way.
- CHA reserves the right to contact any individual on this form including veterinarian & landlords, if applicable.
- CHA cannot guarantee the long-term health or temperament of any animal.
- Please fill in each section, CHA will not consider any incomplete applications.

Please make sure all questions are answered and ask a staff member for clarification if necessary.

**By signing below you verify that you read and understand the terms listed above. If you are emailing this form, you will be required to sign a hard copy of this form prior to adoption.**

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

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

**NEXT STEPS IN THE ADOPTION PROCESS:**

**\*\*\* IF YOU HAVE PREVIOUSLY/CURRENTLY USE WILLOW ANIMAL HOSPITAL IN ASHLAND WI OR GRAND AVE VET CLINIC IN DULUTH MN, PLEASE CALL THE CLINIC TO RELEASE YOUR RECORDS. Without a records release we cannot process your application.**

**\*\*\* Please allow up to 48 hours for your application to be processed**

**\*\*\* Please call the shelter at 715-682-9744 after the 48 hours has elapsed to check on the status of your application.**

**Due to the volume of applications we receive daily, You are responsible for calling or emailing to check in on the status of your application. We will not necessarily call you when it is approved, so please check back in with us.**

**APPLICATION PROCESSING NOTES: (please provide any notes below in regards to the information you provided in the application, if you feel they are necessary to aid in the processing of your application)**

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