

WINONA AREA HUMANE SOCIETY

A 501(c)(3) non-profit organization



CAT APPLICATION

Which cat have you chosen? First Choice: _____ Second Choice: _____

Your information:

Adopters must be 21 or older

Name: _____

Address: _____ City: _____ State _____ Zip _____

Phone: (H) _____ Phone (W) _____

Email: _____ Today's Date: _____

***Photocopy of Driver's License is required.** Submitted: YES NO

Type of residence: ___ House ___ Duplex ___ Apartment ___ Condo ___ Mobile home

Do you: ___ Rent (*fill out a Landlord Verification form*) ___ Own ___ Live with the homeowner

Name of Landlord/Homeowner: _____ Phone: _____

When you are not home, where will your animal be kept? _____

How many adults live in your home? _____ Children? _____ Children's Ages: _____

ADOPTION POLICIES

(Please initial each item to acknowledge)

	I agree to (do my best to) have all members of the household meet the animal prior to adoption and approval of my application.
	I certify & understand that it is a REQUIREMENT that my current animals have a current rabies vaccination.

Tell us what qualities you are looking for in a new cat?

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ADOPTION ASSESSMENT

Please answer the following questions. It is our goal is to make sure you are matched with a loving, lifelong companion!

How experienced do you feel in caring for a cat?

- No experience, but I'm excited to learn!
- Some experience, I've had a cat before.
- Lots of experience- friends and family consider me an expert!
- Other: _____

How experienced do you feel in securing veterinary care for a cat?

- No experience- but I am eager to learn!
- Some experience- I know how to find a veterinarian for animal.
- I have a vet that I use and love!
- Other: _____

How would you describe your household?

- Very quiet- only a few residents and not too many guests.
- Average- not too quiet, but not party animals.
- Very active- lots of people coming in and out.
- Other: _____

My cat needs to be good with:

- Dogs
- Other cats
- Children under 8 years of age
- Children over 8 years of age
- Older Adults
- Other: _____

I understand that the lifespan of a cat can be 15-20 years. *Initials: _____

I understand that by agreeing to adopt this cat I am making the decision to care for him/her for his/her lifetime. *Initials: _____

If for any reason you can no longer keep the animal you adopt, and you cannot find a new home for it, do you agree to contact WAHS before taking other measures? Do you: Agree Disagree

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CURRENT PET INFORMATION: Please list current and other pets you have owned in the past (5) years

Breed of Animal:	Pet's Name:	Age:	Gender: (Circle)	Neuter/Spay (Circle)	Kept Where? (Circle)	Still Have?	If "No"?
			M / F	Yes / No	IN / OUT		
			M / F	Yes / No	IN / OUT		
			M / F	Yes / No	IN / OUT		
			M / F	Yes / No	IN / OUT		
			M / F	Yes / No	IN / OUT		

* If not spayed or neutered, please explain: _____

Please provide the name & phone number of any veterinary clinic that you have used in the past 5 years.

Veterinary Clinic: _____ Area Code/Phone: (_____) _____

Animal Owners' name(s) listed on account at Veterinary Clinic: _____

Have you ever given away an animal or surrendered an animal to a shelter? Yes No

If yes, describe the circumstances: _____

WAHS POLICY ON DECLAWING:

WAHS is opposed to the amputation of cat's toes (also called declawing) at any time. It can cause a wide range of behavioral, emotional, and physical problems. We follow the policy enacted by the Humane Society of the United States. There are alternatives to declawing- please ask a member of the office staff for information. If you prefer a declawed cat, ask us about already declawed cats that are available.

***Do you agree to honor our policy on declawing?** Yes No

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WAHS POLICY ON PET HEALTH

It is understood that at the time of adoption, the adopter will assume responsibility for the medical care of the adopted kitten(s) and/or cat(s). The WAHS will make an effort to identify any medical issue(s) at the time of adoption, and work to resolve them, but it is possible a medical issue may not be identified.

If a medical issue arises WITHIN 14 days of the adoption date the adopter is asked to please contact WAHS. If the medical issue(s) requires medical attention the WAHS may be able to assist, but in a limited manner. **If medical issues arise AFTER 14 days past the adoption date the adopter will be solely responsible for the medical care of the kitten(s) and/or cat(s).** Please know that if a kitten(s) and/or cat(s) is returned to the WAHS for medical reasons not addressed by the adopter this kitten(s) and/or cat(s) will no longer be available for adoption to the returning adopter. Again, if an adopter is not able to provide for the necessary medical care the adopter can return the kitten(s) and/or cat(s) to the WAHS. If the adopter desires to adopt another kitten(s) and/or cat(s) at the this time, depending on the length of time since the original adoption date the adopter may do so with an approved application.

I have read the medical care policy and agree to the policy. Please Initial: _____

I certify that the above information is accurate. I understand that to misrepresent any information grants the Winona Area Humane Society the authority to refuse adoption or reclaim an adopted pet. I authorize investigation into all previous statements.

Print Name: _____ Signature: _____

*****FOR OFFICE USE ONLY*****

Staff/Manager Comments:

Background Check: (N) (M) (S)

Please Fill out	
Homeowner verification	Date: Comments:
Landlord Verification	Yes: No: Comments:
Left Message for Landlord	Date: Comments:
Veterinarian Check	Date: Updated on shots? All pets S/N?
Approve or Deny	Y/N Date / Signature
Cat Director	Y/N Date: Name:
Other Management	Y/N Date: Name: