

# APPLICATION



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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**\*Photocopy of Driver's License is required.** Submitted: (Circle) Yes No

Do you: \_\_\_\_\_ Rent (Fill out Landlord Verification form) \_\_\_\_\_ Own \_\_\_\_\_ Live with homeowner

Name of Landlord/Homeowner: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of Adults in Household: \_\_\_\_\_ Children: \_\_\_\_\_ Children's age(s): \_\_\_\_\_

## Type of Facility you have for the cats:

- Farm with barns or outbuildings
- Stable
- Warehouse or other commercial property
- Residential home with garage or shed

Is the Facility where the cat resides heated or unheated? \_\_\_\_\_

What will happen to the cats if you were to move?

Are you comfortable with your outdoor cat being feral?

How many cats are you interested in adopting as part of the "farm cat adoption program"?

## What do you plan to provide for you cats? (Check all that apply)

- Dry Cat Food/ Kibble
- Canned Cat Food
- Cats will hunt for their food/eat mice
- Fresh water daily

# APPLICATION

Bedding



## DECLAWING POLICY

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.

**\*Do you agree to honor our policy on declawing? (Circle one) Yes No**

## Adopter's Signature

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:**\_\_\_\_\_