



SOUTH WOOD COUNTY  
HUMANE SOCIETY

90 Pepper Avenue  
Wisconsin Rapids, WI 54494  
715-423-0505

## Feline Adoption Application

We are committed to finding the best home for every animal entrusted to our care and ensuring that the cat you are interested in adopting is best suited to you, your home, and lifestyle; therefore, we would appreciate your providing us with following information. We review each application carefully. Please understand that our responsibility to animals and clients make it necessary for us to deny some applications.

What is your name? \_\_\_\_\_ Today's Date: \_\_\_\_\_

Your permanent street address, where the cat will be living:

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

What is your current occupation? \_\_\_\_\_

How long have you been employed there? \_\_\_\_\_

Have you ever applied to adopt/previously adopted from the South Wood County Humane Society?

No  Yes (If yes, how long ago?) \_\_\_\_\_

Where did you find out about the SWCHS or this animal? \_\_\_\_\_

Please complete the following information regarding the household in which your pet will reside:

How many adults live in this household? \_\_\_\_\_

How many children live in this household? \_\_\_\_\_

What are the ages of the children? \_\_\_\_\_

What type of dwelling do you live in?  House  Condo  Apartment

Mobile Home  Farm  Dorm  Other \_\_\_\_\_

I live with:  Parents  Other  I rent  I own

If you rent, does your landlord/home association allow pets? \_\_\_\_\_

Landlord Name & Phone Number: \_\_\_\_\_

Are you over 21 years of age and have identification saying so? \_\_\_\_\_

What type(s) of pets have you owned during the past five (5) years?

Type/Breed	Kept Inside/Outside	Age	Name	Spayed/Neutered?	Still Own?

If you no longer have the pet(s) listed, please explain what happened to him/her:

Are all the animals you have now up-to-date on their rabies & distemper vaccinations?

Yes  No  Unsure \_\_\_\_\_

How much do you think the cost of spaying and neutering is? \_\_\_\_\_

Are you prepared to assume the financial responsibilities of providing your cat with adequate food, medical care, housing, training, toys, etc. (approximately \$500 per year)? \_\_\_\_\_

Is this an expense you can afford? \_\_\_\_\_

What type of food do you intend to feed your cat? How often? \_\_\_\_\_

Who in your household will be responsible for the following duties?

Feeding: \_\_\_\_\_ Cleaning litter box: \_\_\_\_\_

Training: \_\_\_\_\_ Taking to the vet: \_\_\_\_\_

It may take your new cat a month or longer to adjust to its new home. Are you prepared to allow this much time?  Yes  No Concerns: \_\_\_\_\_

Where will you keep the cat during the day and night? \_\_\_\_\_

Do you plan to let the cat outside?  Yes  No If so, how often? \_\_\_\_\_

Do you plan on restraining the cat or restricting its movement outside?  Yes  No

If so, how will you do so?  Doesn't apply  Leash tie out  Fenced yard

Cat enclosure  Other \_\_\_\_\_

How often will you clean the litter box?  Every other week  Once a week

Twice a week  More often

How many hours during the day will your cat be left alone? \_\_\_\_\_

When you are not home, this pet will be:  Confined to a room  Have run of house

Kept outside  Other \_\_\_\_\_

Is the cat being adopted as a: (Check all that apply.)

Family companion  Gift  Mouser  To breed

Companion for other pet  Other \_\_\_\_\_

What is the activity level of your household?

Quiet  Active  Very active

How often do people visit your home?

Seldom  Occasionally  Very frequently

Are you planning to move in the next six months? \_\_\_\_\_

If you are moving, are animals allowed at your new home?  Yes  No  Unsure

Do all the members in your household know that you plan to adopt? \_\_\_\_\_

Does anyone in your household have any allergies to animals? \_\_\_\_\_

Are allergies controlled by medication/other means? \_\_\_\_\_

Who will be the cat's primary caretaker (i.e., feed, train, exercise, groom, take to veterinarian, etc.?)  
\_\_\_\_\_

Have you ever been convicted of, or received citations for, the violation of Federal, State, or Municipal animal codes?  Yes  No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

What is your past experience with cats?  
 First time owner  Have had one or two  Knowledgeable & experienced

Please provide a brief description of how you would correct your new kitten/cat if it showed destructive behavior (i.e., clawing, biting?)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How often do you travel and who will be caring for your cat while you are away? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Change is inevitable in one's lifetime. What will you do if you move/can no longer care for your animal?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have had pets in the past, which veterinarian did you see? If not local, please include city in which their office is located and phone #:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide two *non-related* references, providing us with phone numbers (including area codes) where they can be reached during the day:

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

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

I certify that I am at least 21 years of age and the information I have given is true. I recognize that any misrepresentations of facts may result in my losing the privilege of adopting a pet. I authorize any and all verifications of statements made in the application, and I understand that the **South Wood County Humane Society** has the right to deny my application.

I am fully aware that I am adopting a living creature and, as such, that the **South Wood County Humane Society** is unable to guarantee the health of the animal. If this animal becomes ill, I certify that I am financially and/or emotionally prepared to treat this animal at my own expense.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Thank you for your interest in the South Wood County Humane Society!**

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

Please initial item as completed.

\_\_\_\_\_ SWCHS Records

\_\_\_\_\_ Veterinarian Reference

\_\_\_\_\_ Landlord, Condo, Mobile Home Manager Approval: \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments: \_\_\_\_\_

\_\_\_\_\_ Reference 1 contacted

\_\_\_\_\_ Reference 2 contacted

Adoption:

\_\_\_\_\_ Approved \_\_\_\_\_ Pending \_\_\_\_\_ Denied

\_\_\_\_\_ Follow-up from Executive Director

\_\_\_\_\_ Deposit/Adoption Fee Paid?

\_\_\_\_\_ Flea Bath

\_\_\_\_\_ Goodie Bag?

Comments: \_\_\_\_\_