



West Warwick Angels

112 Harding Street
West Warwick, RI 02893
Phone: 401-354-9277
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CAT ADOPTION APPLICATION

Description or name of animal applying for: _____

Your Name: _____ Home phone: _____

Driver Lic # & Issuing State: _____ Date of Birth: _____

Street: _____

City: _____ St: _____ Zip: _____

Cell#: _____ Email: _____

Employer: _____ Work phone: _____

How long have you worked for present employer? _____

Occupation: _____

Is this cat for you or someone in your household? _____

Do you own a pet carrier? **Y N**

Do you wish to adopt a cat kitten male female. Age _____

My residence is a house apartment trailer student housing military housing

How long have you lived there? _____

If less than 1 year, please list previous address and for how long.

Do you own rent live with someone? (Relationship to person) _____

If you rent, do you have your landlord's permission? **Y N** not yet

Landlord's name: _____ Landlord's number: _____

If you own, whose name is on the house? _____

(Proof of ownership of your home is needed)

How many adults in household? _____

Please list first and last names of all adults in household below

How many children? _____ age(s) of children: _____

Are you? married/living as married roommate live alone live with boyfriend/girlfriend

Are any members in your household allergic to cats? **Y N** not sure

Are all members in your family aware of your plans to adopt an animal? **Y N**

If you move, what will you do your pet? _____

What if your new residence does not allow pets? _____

Who will be responsible for the animal you wish to adopt? _____

Will this cat be indoor only indoor/outdoor mouser barn cat

How many hours a day will this cat be outside? _____

How many hours will this cat be left alone? _____

Do you intend to de-claw? **Y N**

How many cats do you own? _____ male female neutered spayed de-clawed
indoor only in/outdoor

Ages _____ Names _____

At night where are your cat(s) kept? _____

How many dogs do you own? _____ male female neutered spayed Ages _____

Names _____

At night where are your dog(s) kept? _____

When you are not home where are your dog(s) kept? _____

Other pets? **Y N**, If yes, please list: _____

Name of veterinarian: _____

Address: _____ Phone _____

Are any of your cats in your home leukemia or aids positive? **Y N** not sure

Have you owned a pet in the past 8 years that you no longer have? **Y N**

If yes, what happened to this pet _____

Name & number of vet this pet saw _____

If you do not have a vet reference, please put name, and phone number of 3 references on the form.
No family members please.

1. _____

2. _____

3. _____

If you adopt an animal through us, you will be required to sign a legal adoption contract stating that you will provide necessary veterinarian care if required for your pet within 30 days.

Do you understand there is a **mandatory** spay/neuter law? **Y N**

Would you object to having a WW Angels volunteer call/visit you after the adoption to confirm the welfare of the pet you are adopting? **Y N**

Are you willing to be responsible for the animal you are adopting for its entire life, approximately 12-20 years? **Y N**

Date: _____ Signature: _____