



Cat Adoption Application

Thank you for your interest in adopting a cat rescued by WAGS. WAGS wants to make certain that every animal adopted goes to a loving home and that it will be well cared for. Because of this, our application asks a number of detailed questions which are necessary for our screening process.

Name of the cat(s) you are interested in: _____

Your full name: _____

Your Age: _____ NOTE: You must be at least 18 to adopt from WAGS. Proof of age will be req.

Home Address: _____

City, State, Zip: _____

Home Telephone: _____ Cell Phone: _____

Email: _____

How long have you lived at the above address? _____

Are you adopting for yourself or someone else? _____

Describe in detail the kind of cat you are looking for _____

What kind of pets have you had in the past? _____

Which of these do you still have? (Include age, sex, breed) _____

Have they been spayed/neutered? ___yes ___no ___don't know

Are they current on vaccines? ___yes ___no ___don't know

Have they been tested for feline leukemia? ___yes ___no ___don't know

Have they been tested for FIV? ___yes ___no ___don't know

Are they declawed? ___yes ___no ___don't know

If yes, where is the cat declawed? ___front only ___all four

What happened to the pets you no longer have? _____

Have you ever turned a pet into a shelter? _____



Have you ever had a pet euthanized? _____

If you have pets, will they adjust to a new cat in the house? ____yes ____no ____don't know

Why do you want this cat? (Please check all that apply)

- ____Companion ____Companion for another pet ____House pet ____Barn cat ____Mouser ____Office cat ____Other

How many adults are in your family?____ Children?____ Children's Ages_____

Does any member of your household have an allergy to cats? ____yes ____no

Where do you live? ____House ____Apartment ____Condo ____Mobile Home Other_____

Do you own or rent your home? ____Own ____Rent

Where will your cat live? ____Indoors ____Outdoors ____Indoor/Outdoor ____Barn ____In the garage ____Unknown

Will you keep the cat up-to-date on vaccinations? ____yes ____no

Who is your veterinarian? _____

If you go away for a few days, or on vacation, who will take care of the cat?_____

If you move, will you take the cat with you?_____

Are you aware that cats can live 15-20 years and are you willing to take responsibility for this cat for the next 10-20 years?

Additional comments from applicant:_____

Thank you for taking the time to fill out our adoption application. It is an important tool for us to learn a little bit more about you and your preferences. By filling this out, you are giving us a better idea about you and your household so we can see if the cat or cats that you are interested in adopting will be a good match for you and your family.

Potential adopter signature

Date



Westminster Adoption
Group & Services
we keep tails wagging

6621 Westminster Blvd.
Westminster, CA 92683
Telephone: 714.887.6156
Facsimile: 714.903.6013
E-mail: adopt@4wags.org

Pet Adoption Agreement

Adopters Name _____

Address/City/Zip _____

Phone Number(s) _____

Email _____

Pet's Name _____ Breed _____

Age _____ Sex _____ Color _____

Date of Surgery _____ Date of Pickup _____

I/We, the above mentioned, understand and agree that the Westminster Adoption Group & Services makes no express or implied warranty, representation or promise to the age, health, breed, habits, disposition or safety of the animal described above. I hereby accept the animal as is, assume all risks and responsibilities associated with the ownership of the animal, including bites, and I hereby fully and completely release, indemnify and hold harmless Westminster Adoption Group & Services, its directors, officers, volunteers, servants, and employees from any claim, cause of action or liability of any sort or nature, whether known or unknown, directly or indirectly arising out of or in connection with the adoption, care or ownership, maintenance, temperament or condition of the animal. **Initial Here** _____

Home Care: I will provide a humane environment, regular exercise and companionship for my pet. **Initial Here** _____

Collar-Licensing Tags: I will legally license this dog (or cat where needed). I will keep the dog/cat clearly identified immediately upon adoption and at all times. **Initial Here** _____

Spay/Neuter: Breeding of this dog/cat is strictly forbidden. If this pet is not already spayed or neutered, he/she will be prior to going home unless specified by a staff veterinarian. The only reason a spay or neuter surgery would not be performed would be due to a medical condition that would make an anesthetic procedure too risky. **Initial Here** _____

Age Restrictions: I am 18 years or older. **Initial Here** _____



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Veterinary Care/Conduct & Health of Dog/Cat: After adoption, this dog's/cat's health is the adopter's full responsibility. Adopter understands that **a free exam can be used at Westminster Veterinary Group within 30 days of adopting**, but any medicines, treatments, etc., are the financial responsibility of the adopter. Adopter will arrange for immediate veterinary care in the event of illness or injury. Adopter understands that no one can predict how a dog/cat will react in a new situation. Therefore, adopter will exercise prudence and caution in introducing this dog/cat into the new situation until the dog/cat has become fully adjusted to its new environment and adopter has had an opportunity to become familiar with the dog's/cat's unique personality. Adopter assumes full responsibility for the conduct of this dog/cat, and for any damage to persons or property. The Westminster Adoption Group & Services strives to provide you with a healthy pet, however we can make no explicit or implicit guarantees in reference to the health and/or temperament of the dog/cat. The stress of changing environments can lower and animal's immunity to fight disease and the pet could harbor an infection without displaying symptoms. The dog/cat is adopted "as is" and the adopter assumes all responsibility for treatment of any and all existing conditions or any other physical, medical or temperament changes that may occur in the future. **The Westminster Adoption Group & Services cannot guarantee the health of any animal and shall not be held responsible for any medical expenses which may be incurred. I understand that I may return the animal for an exchange or adoption refund within 7 days for a previously undiagnosed health reason verified by Westminster Veterinary Group.** Westminster Adoption Group & Services does not reimburse for medical bills. **Initial Here** _____

I realize that I am adopting this animal with the following diagnosed condition or fault, and I realize that this animal may need further training or treatment. _____

Other Uses: This dog/cat will not be used for rituals, racing, fighting, medical or experimentation purposes.
Initial Here _____

Transfer of Ownership We recognize some pet matches may not be successful through no fault of the person or the pet. We will welcome you and your returned pet back. If you are able to rehome your pet; we ask that you provide us with the new families contact information so we may continue to provide support to that animal. **Initial Here** _____

We are here to promote a healthy relationship between you and your pet. We encourage you to call us with any questions and concerns and ask that you respond to our follow up requests by phone or email. Thank you for adopting a new family member from the Westminster Adoption Group & Services, we look forward to hearing all about how your new addition is fitting in. Please keep us posted! PS...we LOVE pictures!

Adopter's Signature

Today's Date

Staff Signature

Today's Date