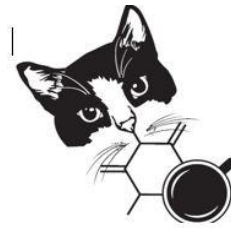




P.O. Box 412
Greensburg, PA 15601
724-610-9646
waywardwhiskers15601@gmail.com
www.waywardanimalrescue.com



CATTFEINATED CAT CAFE
159 E. Otterman St.
Greensburg, PA 15601
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DOG ADOPTION APPLICATION

APPLICANT NAME: _____ **AGE:** _____

SPOUSES/PARTNERS NAME: _____ **AGE:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

TELEPHONE: _____ **EMAIL:** _____

DRIVERS LICENSE #: _____ **COUNTY:** _____

EMPLOYER: _____ **OCCUPATION:** _____

Please allow 3-5 business days for your application to be reviewed and processed.

Animal(s) interested in adopting: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- Why do you want to adopt this animal? _____
 - For whom are you adopting this animal? Self Someone else (gift) _____
 - What do you think the responsibilities are in owning an animal? _____
 - How many people currently reside in your household? _____ Any children in the household? Yes No
If YES, list ages: _____
 - What is the activity level of your household? Very Busy Busy Fairly Quiet Very Calm & Quiet
 - Does any member of the household have any allergies to animals? Yes No
If YES, explain: _____ Currently on medication for this allergy? Yes No
 - Do you live in a: HOUSE APARTMENT MOBILE HOME CONDO/TOWNHOUSE STUDENT HOUSING
 - Do you OWN or RENT your residence? OWN RENT OTHER- please explain: _____
IF YOU RENT, what is **name of landlord and phone number**? _____
- FAILURE TO PROVIDE CORRECT INFORMATION RESULTS IN IMMEDIATE REFUSAL OF ADOPTION*
- Are pets allowed? Yes No Unsure Are there any breed restrictions? Yes No Unsure
- How long have you lived at the current address? _____ Are you a college student? Yes No
 - If you move, what will you do with the animal? _____
 - Are you financially willing and able to provide ANY medical or emergency care necessary? Yes No
 - Are you willing to put the time and effort into introducing a new animal into your household? Yes No
 - How much do you think it costs per year to care for an animal? _____
 - About how many hours a day will the pet be alone? _____
When you are not at home, will the pet be confined to a small area or crated? Yes No

15. If interested in adopting a dog, what method of training are you planning on using? (select all that apply)
 Personal Trainer Puppy Group Classes Books Self-Guided Other: _____
16. Are you planning on crate training the dog? Yes No
17. Are you planning on ear/tail docking? (puppies) Yes No
18. Do you have time to walk your puppy/dog at least once a day? Yes No
19. How many hours a day do you work? _____
20. Do you have a friend/family member/neighbor/dog sitter to let the dog out at least every 4 hours if you can't?
 Yes No
21. Is your yard fenced? Yes No If YES, how tall? _____
OR do you have a: Electric Fence? Yes No Cable Dog Run? Yes No
22. Are you willing to put the time and effort into house training: Yes No
23. What will you do if your puppy/dog destroys flooring, furniture, household items, etc.?
24. How will you correct the puppy if it nips at you or your children?
25. How do you plan to socialize your dog/puppy?
26. Do you have concerns in adopting a dog or puppy?
27. What qualities are you looking for in a dog?
28. Who will be the one primarily responsible for the dog's care? _____
29. Are all members of the family on board and willing to put the time and work to make this puppy/dog part of the family for years to come?
30. Have you advised your HOA, landlord and homeowner's insurance about breed restrictions? Yes No
31. Have you ever owned a dog before? If so, what breeds/sizes? _____
32. Describe all pets you still care for or that are living in your household:
- | Name | Species | Age | Spayed/Neutered | Inside/Outside/Both | | Declawed | Breed |
|------|---------|-----|-----------------|---------------------|--|----------|-------|
| | | | Yes/No | | | Yes/No | |
| | | | Yes/No | | | Yes/No | |
| | | | Yes/No | | | Yes/No | |
| | | | Yes/No | | | Yes/No | |
33. Are your pets current on their vaccinations? Yes No If NOT, why?: _____

34. Please provide name of your veterinarian/veterinary hospital: _____

Please list any vaccination shot clinics you may have taken your animal to: _____

35. Do we have permission to contact your veterinarian? Yes No

Please contact veterinary hospital to release record information to Wayward Whiskers

Records can be emailed to: waywardwhiskers15601@gmail.com

36. Do any of your pets have any special health issues or illnesses? Yes No If YES, explain: _____

37. How do you plan on introducing this dog or puppy to your current animals?

38. Describe pets you no longer care for (in the last 5 years):

Name	Species	Age	Spayed/Neutered	Inside/Outside/Both	Declawed	Cause of death
			Yes/No		Yes/No	
			Yes/No		Yes/No	
			Yes/No		Yes/No	

39. Please list the name of the veterinary hospital that cared for your previous animals: _____

40. In the event something should happen to you (i.e. illness, death, etc.) who would be responsible for the care of this animal? Name: _____ Phone: _____

Is this person aware of this possible scenario and are they a willing to sign our adoption contract? Yes No

41. In the event of an emergency, does someone have access to your home to care for pets? Yes No

42. Have you ever *surrendered (gave up)* an animal to a shelter/rescue/animal control agency? Yes No

If so, why? _____

43. Are you willing to sign legal pet adoption papers and pay in full adoption donation amount? Yes No

44. Do you permit Wayward Whiskers to visit your home by appointment if requested? Yes No

28. Please list below one personal reference (not related):

Name: _____ Telephone: _____

By signing this form, I/we acknowledge that all information on this form is true and correct. I/we understand that any misrepresentation of fact may result in Wayward Whiskers refusing adoption privileges to me/us. If my/our request for adoption is approved and later Wayward Whiskers discovers the above information is not true or correct, Wayward Whiskers reserves the right to remove the adopted animal from my care. Some information on this application may be shared between rescue groups. Adoption fee is considered a donation and is non-refundable. WW reserves the right to choose best applicant for each individual animals, which may not always be the first application.

WAYWARD WHISKERS RESERVES THE RIGHT TO DENY ANY APPLICATION FOR ADOPTION FOR ANY REASON.

CATFEINATED CAFÉ and its employees and agents have no association with the adoption process.

Signature _____ Date _____

Please allow 3-5 business days for your application to be reviewed and processed.

YOU WILL BE CONTACTED ONLY IF YOU ARE APPROVED.

Please write any additional notes or concerns here: