



Name of Animal _____

Today's Date _____

2675 S. Index Street – PO Box 270, Washougal, WA 98671 -
Message Phone: 360-835-3464 Adoption Fax: 800-353-1686

CAT ADOPTION APPLICATION

Welcome to the West Columbia Gorge Humane Society Shelter and Adoption Centers. We are pleased you want to adopt an animal companion. The following information is requested so that your adoption counselor can assist you in the selection of your new forever friend. This consultation process is designed to help us determine if the adoption is in the animal's best interest, and to assist you in finding an animal most compatible with your expectations and lifestyle. The adoption includes verifying information on this form, a home visit arranged at your convenience, paying adoption fees, and signing an adoption contract. Medical and personal history is available to you or your veterinarian before adopting.

REQUIREMENTS FOR ADOPTION (Please ask if you have questions.)

- Adoption must be for placement in your household.
- Adopter is at least 18 years old and has a plan in place if ever unable to care for this pet.
- Be able to provide identification showing your present address (Driver's License/State ID).
- If renting, provide copy of rental agreement showing current paid pet deposit.
- Provide two references from persons having known you 1 year or more.
- Give permission for home visit(s) by authorized shelter staff as requested.
- Be a non-smoker, outdoor only smoker, or have air cleaners in place.
- Not own pet birds or have open aquariums.
- Not have dogs known for aggressive, vicious or unpredictable behavior.
- Agree to keep the cat as indoor-only, always.
- Agree to no declawing or tendonectomies.
- Notify us of behavior issues that may lead to surrender of the animal and work with us to solve them.
- Make a lifetime commitment to your new animal companion even if you have a lifestyle change such as divorce, moving, illness, marriage, children, roommates, other pets, or loss of income.
- Be physically capable, willing and able to spend the time and money necessary to provide training, medical care, and companionship beginning the day of the adoption.

YOUR INFORMATION (Please Print Clearly!)

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone No. (Home) _____ (Cell) _____ (Other) _____

Email Address(s): _____

Driver's License/ID: _____ Issuing State: _____

How did you learn about this animal for adoption? _____

Have you discussed this adoption with all household members and is everyone in agreement? _____

Is this your first experience with an animal companion? _____

Ages of children regularly in the residence, if any: _____

Does anyone regularly in the household have allergies to animals? _____

How many other companion animals are in the household? _____

Species, breed, age, sex, indoor/outdoor, spay/neuter and vaccine status for each one by name:

West Columbia Gorge Humane Society

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Have you or a family member requested a cat be declawed in the past? _____ When? _____

Have tendonectomies to disable claws been performed? _____ When? _____

Why were these surgeries done? _____

By which veterinarian? _____

Were any of the following non-surgical techniques used as an alternate before surgery? _____

Aversive sprays Training Claws trimmed Soft Paws Sticky Paws tape Scratching posts
Furniture covers Confinement

Is declawing a consideration for this pet? _____ Is tendonectomy a consideration? _____

Reasons? _____

Why do you wish to adopt at this time? _____

How many hours will this companion animal spend **without** people each day? _____

How many hours per day will be spent helping with the adjustment? _____

How long are you willing to give this pet to adjust to your home? _____

Circle all that apply to the usual household lifestyle this animal will be exposed to: Quiet / solitary laid back
peaceful / active bustling / on the go noisy / loud children under age 5 party house frequent strangers

TRAINING

Failure to follow staff recommendations for integrating this pet into your household can lead to personality changes and possible failure of the pet to ever feel secure in your home.

What behavior modification techniques do you plan to use to successfully address scratching, climbing, 'accidents', or other behavior modification issues? *Indicate any behavior information that would be helpful:*

Introducing new pets General kitten / cat care Selecting a scratch post Finding a good vet Baby & your pet
Other: _____

What means do you have, or will you use to keep this cat inside the house? Closed dog doors door locks
window & door screens signs on doors family & visitor education spray bottle no garage access

In the last five years have you had any pets and where are they now?

Name, address, phone of past and current/new veterinarian: _____

By my signature below, I authorize veterinarian(s) to release information about my pets to West Columbia Gorge Humane Society.

The West Columbia Gorge Humane Society places finding the right home situation for each pet, over and above, simply who applied first. The animal you are applying to adopt may have other applications pending, and we will advise you if this is the case as soon as we receive your application. Each application is reviewed by two adoption counselors before a home visit is arranged and before a final decision. We will call you as soon as we receive this application. Thank you for thinking adoption first!

Signature of all household members 6 years and older: _____

Date _____

West Columbia Gorge Humane Society

Adoption Representative _____ Date _____