



Angel's Wish

Cat Adoption Application

ONLINE APPLICATIONS GREATLY PREFERRED instead of this form. Apply online:
<http://angelswish.org/adoptionapplication/>

- Undecided on a specific cat
- Interested in specific cat(s): _____

Name of cat(s) _____

In order to be considered for an adoption, you must:

- Be at least **18** years of age
- Have formal identification
- Have the consent of all adults living in the household
- Understand Angel's Wish has the right to accept or deny any application

PLEASE PRINT:

Name(s): _____ Date: _____

Address: (no PO Box) _____
street city state zip

Phone: Home _____ Work _____ Cell _____

Email: _____

Residence: House Apartment Condo Mobile home Other _____

Do you: Own Rent Live with parents/relatives Length at residence: _____

Landlord/Condo Association: _____
name phone

Number of people in your household: _____ Ages of children: _____

Employer name and phone _____ Length of service: _____

Have you adopted from Angel's Wish before? Yes No If Yes, approximately when? _____

Is this your first experience with a cat? Yes No First experience with a kitten? Yes No

Do you plan to declaw? Yes No If Yes, reason you plan to declaw: _____

Do you have a scratching post? Yes No Other (describe) _____

Will your cat be: Indoors Indoor/outdoor Outdoors

If other than indoors, please describe: _____

Should medical or behavioral issues occur, are you willing to work with and for your pet, to the best of your ability, to correct or treat them? Yes No Uncertain

Whom **outside of your household** would you want contacted should your lost or stolen pet be found if you cannot be reached?

Microchip Emergency Contact: _____
Name phone

Are all cats and dogs currently in your household: Spayed/Neutered? Yes No

Vaccinated? Yes No

Do your pets receive annual wellness exams? Yes No

If you answered no to any question above, please explain: _____

Veterinary Clinic(s) used last 5 years _____
name city phone

name city phone

**Please call your clinic to give them permission to release your records to us.*

List the animals you **personally** have owned and been responsible for in the last 5 years, including current pets.

Name	Cat Dog Other (specify) If dog list breed or breed mixes	Age	Gender	Is the animal kept inside/outside?	Is this animal deceased?

Have you ever given up an animal? Yes No

If Yes, please explain: _____

A cat may live for 15 to 20 years and will need your committed care for his/her lifetime.

By placing or signing my name to this application, I certify that the information I have given is true. I realize that any misrepresentation of facts may result in my losing the privilege to adopt a cat/kitten from Angel's Wish. **I understand that Angel's Wish, Inc. has the right to deny my request to adopt an animal for any situation that would be contrary to the organization's adoption policies, in violation of any state or local ordinances, or not in the best interest of the animal, as determined by Angel's Wish, Inc.** I authorize verification of all statements in this application. I authorize my veterinarian to release any information requested by Angel's Wish, Inc.

Signature _____ Date _____

MICROCHIP COMMUNICATION CONSENT

All animals adopted from Angel's Wish are microchipped with 24PetWatch microchips to help them be reunited with you should they become lost. In order for 24PetWatch to contact you if someone finds your animal, you will need to give consent below for registration at the time of adoption.

Communication Consent: With your 24PetWatch microchip, we offer you free lost pet services, as well as exclusive offers, promotions and the latest information from 24PetWatch regarding microchip and insurance services. Pethealth Services (USA) Inc., Pethealth Services Inc, PTZ Insurance Services Ltd. and PTZ Insurance Agency Ltd may contact you via commercial electronic messages, automatic telephone dialing systems, pre-recorded/automated messages or text messages at the telephone number provided above, including your mobile number. These calls or emails are not a condition of the purchase of any goods or services. You understand that if you choose not to provide your consent, you will not receive electronic enrollment notification regarding the trial/gift/voucher of insurance and/or free lost pet services which includes being contacted with information in the event that your pet goes missing. You may withdraw your consent at any time.

Signature _____ Date _____