



WAG Cat Adoption Application

Help us to find you the right fit!

Thank you for taking the time to fill out this application carefully and thoughtfully.

Every animal and every home is unique.

We have a 99% success rate in matching animals with wonderful FOREVER homes.

We use this application as a starting point to match your lifestyle, needs, and experience with the animals we know so well. We are committed to finding each WAG animal the right match.

Date: _____ Name of Cat you wish to adopt: _____

How did you hear this cat was available for adoption? _____

PERSONAL INFORMATION:

Your Full Name(s): _____

Your Home Address: _____

Your Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Cell Phone Number: _____

Birth Date: _____ Do You have Canadian Residency? Yes No

Email Address: _____

Your occupation: _____ Employer's Name _____

Have you adopted an animal from WAG in the past? _____

DESCRIBE YOUR RESIDENCE AND FAMILY:

Single Family Home Townhouse Condominium/Apartment/Suite Farm

Do you own your home? Yes No

If not, do you have your landlord's permission to keep a pet? Yes No

Please provide your landlord's name and phone number:

Name: _____ Telephone: _____

If your residence has a strata, do the bylaws allow pets? _____

How long have you been at this address? _____

How long do you plan on staying at your current address? _____

How long have you been a resident in your community? _____

No. of Adults in your home (19 yrs +) _____

No of Children in your home _____ Please List their ages: _____

Any visiting children? Yes No How often do they visit? Daily Weekly Monthly

How would you describe your household? Loud Quiet Nervous Calm

Does anyone in your household suffer from allergies? _____

If you have pets, how do you feel they will adjust to a new animal in the house?

Why do you want this animal? Please check all that apply:

Companion Companion for another pet Mouser Barn cat Show animal

If your current relationship changes, with whom will the cat remain? Please explain.

Do you have someone who could care for your cat in the event of a serious illness or death?

Has everyone living in your home had an opportunity to meet with this cat you wish to adopt?

TELL US ABOUT YOUR CURRENT PETS

Species	Name	Breed	Gender	Spayed/ Neutered	Age	Vaccine Status	Where Obtained?
<input type="checkbox"/> Cat <input type="checkbox"/> Dog			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Current <input type="checkbox"/> Overdue	
<input type="checkbox"/> Cat <input type="checkbox"/> Dog			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Current <input type="checkbox"/> Overdue	
<input type="checkbox"/> Cat <input type="checkbox"/> Dog			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Current <input type="checkbox"/> Overdue	

TELL US ABOUT YOUR PAST PETS

Species	Name	Breed	Gender	Age	Please tell us what happened to them. (e.g. deceased, rehomed)
<input type="checkbox"/> Cat <input type="checkbox"/> Dog			<input type="checkbox"/> F <input type="checkbox"/> M		
<input type="checkbox"/> Cat <input type="checkbox"/> Dog			<input type="checkbox"/> F <input type="checkbox"/> M		
<input type="checkbox"/> Cat <input type="checkbox"/> Dog			<input type="checkbox"/> F <input type="checkbox"/> M		

Please list each veterinarian and veterinary clinic that has cared for your animals. If you do not have a current or past veterinarian please list the name of the clinic you plan to use.

Name of Clinic	Name of Veterinarian	Telephone Number	Name under which records are listed

DESCRIBE YOUR LIFESTYLE AND HOW YOU WILL CARE FOR THIS CAT:

How busy is your family? Very Sometimes A little Not at all

What do you believe are the most important responsibilities involved in caring for a cat?

How long have you been considering adopting a cat? _____

What role will this cat play in your family?

How many hours per week do you work? _____

How many hours per day will your cat be left alone? _____

What hobbies/activities do you and your family have, outside of employment?

Where will this cat stay while you are on vacation? _____

Which member of your household will be primarily responsible for the care and control of this animal?

How many hours per week do you plan to spend exercising, grooming, playing with, and caring for this cat?

Please list the annual expenses, including amounts, involved in caring for this cat:

Will this cat be permitted to roam free outdoors? Yes No

What are the dangers in your community for unsupervised outdoor cats?

If your cat will be indoors only, how will you exercise them, stimulate them, and keep them at a healthy weight?

Describe how you will keep this cat safe from harm.

What challenges do you anticipate in helping this animal adjust to its new life? Remember, we are here to help with the adjustment process.

If the cat clawed the furniture, what would you do?

If you move during your cat's lifetime, what will happen to the cat?

Which of the following would force you to give up your cat?

- Move where pets weren't allowed
- Divorce/separation
- Large vet bills
- Cat meows a lot
- Cat bites or claws children
- Marry someone with allergies
- Cat claws furniture
- Cat develops inappropriate litter box habits
- Cat develops chronic illness
- Planning on having a baby
- Cat does not get along with current pet
- Does not apply

What is a behaviour that would not be acceptable to you?

Are you prepared to cover any vet expenses this pet may incur throughout its life? Yes No

Is there a limit? _____ How much is too much? _____

Have you ever given an animal away or surrendered an animal to WAG in the past? _____

If yes, please explain: _____

Have you ever been charged with neglect or cruelty to animals? _____

Is there anything else you think we should know about you or your family, or anything else you would like to tell us?

Do you have any concerns about adopting?

REFERENCES

Please provide **2 non-personal references**. Please avoid using friends or family members as references. We suggest employers, employees, clients, academic advisors or professors, associates for organizations to which you belong, or anyone else who can provide a character reference.

Please provide their name, name of business or organization, your relationship to this person, and a contact number where we can reach them.

Name	Name of Business/Organization	
Relationship to you (e.g. employer)		Contact Number(s)
Name	Name of Business/Organization	
Relationship to you (e.g. employer)		Contact Number(s)

SIGNATURE

I certify that all of the information contained within this application is correct and reflects my true beliefs and intentions regarding caring for this cat. I understand that any misrepresentation of the truth in this application will invalidate any subsequent adoption agreement and give WAG the right to reclaim the cat.

I understand that completing and submitting this application does not guarantee me approval for adoption of a WAG cat.

WAG reserves the right to refuse any application for any reason.

Signature _____ Date _____

PRIVACY AND PROTECTION OF PERSONAL INFORMATION

The personal information collected on this application will be used solely to determine the applicant’s suitability for adoption of a WAG animal. By providing information on this application, you are voluntarily consenting to the collection and use of your personal information by WAG. This information will not be used for any other purpose by WAG without your written consent. This information will not be disclosed to any other organization. All information provided will be kept in such a manner as to ensure its confidentiality.

At written request, applicants may access their personal information held by WAG. Requests may be mailed to WAG at P.O. Box 274, Whistler, BC, V0N 1B0, faxed to 604-935-8328 or emailed to WAG@whistlerwag.com.

FOR OFFICE USE:

Date of Receipt by WAG: _____