**\*OFFICE USE ONLY\***

**\_\_\_\_ Approved Application \_\_\_\_ Denied Application; unable to approve at this time; reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adoption Specialist Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adoption Committee, check all that apply when reviewing:**

**□Landlord Phoned; □ Approved □Denied Deposit of $\_\_\_\_\_ required for pet deposit; □Paid □Pending Payment □Added to Rent □Veterinarian Contacted; □Excellent □Good □Fair □Poor □Questionable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Pets in Home Altered? YES NO Current Pets UTD on Shots? YES NO Current Pets on H/W Prevention? YES NO Fencing Checked? YES NO Condition of Fence; □Excellent □Needing Minor Repairs □Needing Major Repairs □No Fence**

**Type of Fencing & Height \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Checked by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**West Memphis Animal Shelter**

**Cat/Kitten Adoption Application**

Thank you for your interest in adopting a dog from West Memphis Animal Services. We want to place our animals in permanent responsible homes and at the same time match you with a pet that is suitable for your family and your lifestyle.

**What type of pet are you looking for? CAT\_\_\_ KITTEN\_\_\_ Pet Chosen \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you over the age of 21? YES\_\_\_ NO\_\_\_**

**Number of people in your household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of children and their ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Spouse’s Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Spouse’s Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Personal Email)**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work Email)**

**What day of the week is preferred for the spay/neuter surgery: [Monday, Tuesday, Thursday, and Friday]**

Do you own your own home? YES\_\_\_ NO\_\_\_ How long have you lived at the above address? \_\_\_\_\_\_\_\_ days weeks months years

Do you live in a: House\_\_\_ Apartment\_\_\_ Condo\_\_\_ Mobile Home\_\_\_ Duplex\_\_\_ Town House\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you rent, does your lease allow pets? YES\_\_\_ NO\_\_\_ Don’t Know\_\_\_\_ How many pets are allowed? \_\_\_\_\_\_\_\_

Landlord Name or apartment complex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have pets now? Dogs\_\_\_ How many? \_\_\_\_\_\_\_\_\_\_ Cats\_\_\_ How many? \_\_\_\_\_\_\_\_\_\_ Other\_\_\_ what kind(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were any pets adopted from WMAS? YES\_\_\_ NO\_\_\_ Another shelter? YES\_\_\_ NO\_\_\_ If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is the name of your Veterinarian**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of last visit?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Under whose name are the animal’s medical records going to be listed under?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship to you:** \_\_\_\_\_\_\_\_\_\_\_\_

Where will the animal primarily be kept? Indoors\_\_\_\_ Outdoors\_\_\_\_ Do you plan to declaw this cat? YES\_\_\_\_NO\_\_\_\_

\*More to the application is on the backside of this sheet. Please turn over and complete.

How will you handle a cat’s need to sharpen its claws? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What would you do if your cat stopped using the litterbox? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has a cat died on your premises of pan leukopenia (feline distemper), leukemia, FIV, FIP or some other cause within the last three months? YES \_\_\_\_NO \_\_\_\_Unsure\_\_\_\_\_

If you decided that our cat needs a playmate. How would you introduce them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is anyone allergic to cats or dander in your home? YES\_\_\_\_NO\_\_\_\_

Are you financially prepared for any unexpected expenses such as an emergency or chronic illness? YES\_\_\_ NO\_\_\_ Unsure\_\_\_

**Contract**

That the City of West Memphis/West Memphis Animal Shelter makes NO CLAIMS or representation as to the temperament, health, or mental disposition of any animal put up for adoption.

Conditions for Release:

1. To provide proper and adequate food, water, shelter and care at all times.

2. To provide veterinary care to prevent and cure illnesses as deemed necessary.

3. To obey local and state laws regarding rabies, sterilization and animal control laws.

4. Not to sell, give away or abandon said animal at any time, but to return it to the West Memphis Animal Shelter in the event you can no longer keep the animal.

5. That the City of West Memphis/West Memphis Animal Shelter are in no way responsible for any damages which the animal may do to another person/animal or property. No attempt will be made to hold the City of West Memphis or West Memphis Animal Shelter responsible.

6. To accept the animal as is.

**Sterilization Agreement (If Applicable)**

In accordance with Arkansas State Law, I hereby agree to have this animal sterilized (if not already) by a licensed veterinarian of the West Memphis Animal Shelter’s choosing or to return the animal to the West Memphis Animal Shelter and/or forfeit any amounts paid. (Violators are considered a misdemeanor subject to an additional $100.00 fine plus court cost.)

This document provides for the release of Liability of the City of West Memphis and/or West Memphis Animal Shelter and its members and/or representatives due to the actions of any animal released into the ownership of the City of West Memphis/West Memphis Animal Shelter and placed/rehomed into a permanent adoptive home.

\*All animals over the age of 16 weeks and in healthy condition at time of adoption shall not leave the premises without first being sterilized. For puppies/kittens under the age of 16 weeks or not healthy enough to go through surgery shall be spayed or neutered at a later date with a deadline date of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If we have trouble obtaining the animal for state law required sterilization, we will seek this matter through the judicial process and/or may request forfeiture of the adoption and immediate seizure of said animal placed up for adoption. Please Initial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The information I have given in this application is correct to the best of my knowledge. I understand that West Memphis Animal Services *reserves the right to approve or reject* this application.**

**By signing below, I hereby give permission for the release of my animal health records both past and present to the West Memphis Animal Shelter and their Adoption Staff personnel.**

**Signature: Date:**

**Please continue to last page of application**

**Current Pets in the Home**

**Include animals living inside and outside of your home, farm or barn.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name & Breed** | **Age** | **Sex** | **Spayed or Neutered / Vet** | **UTD on Yearly Vaccines** | **Heartworm Medication** |
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**Previous Pets in the Home**

**If you have had pets within the past seven (7) years, please complete chart below.**

**In the column, “What happened,” write why the pet is no longer with you. (If pet died, list cause of death)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name & Breed** | **Age** | **Sex** | **Spayed or Neutered** | **What happened to Previous Pet**{Gave away. Sold. Surrendered to shelter. Abandoned. Ran away. Died, Etc.} |
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**Any additional comments you’d like to add regarding your application.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Co-Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**