



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

ADOPTION APPLICATION

APPLICANT NAME: _____ AGE: _____
ADDRESS: _____ CITY _____ STATE _____ ZIP _____
TELEPHONE: _____ EMAIL: _____
DRIVERS LICENSE #: _____ COUNTY: _____
EMPLOYER: _____ OCCUPATION: _____

Animal(s) interested in adopting: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Why do you want to adopt this animal? _____
 2. For whom are you adopting this animal? Self Someone else (gift)
 3. What do you think the responsibilities are in owning an animal? _____
 4. How many people currently reside in your household? _____
 5. Any children in the household? Yes No
If yes, list ages: _____
 6. Does any member of the family have any allergies to animals? Yes No
If yes, explain: _____
 7. Who will be responsible for the animal's care? _____
 9. 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*
10. Are pets allowed? Yes No Not sure
 11. Where will this animal be kept? INSIDE OUTSIDE BOTH (INSIDE/OUTSIDE)
 13. If you move, what will you do with the animal? _____
 14. Have you ever had a pet before? Yes No
 15. Are you planning on declawing this animal? Yes No Unsure
 16. Are you financially willing and able to provide ANY medical or emergency care necessary for animal? Yes No



17. Are you willing to put the time and effort into introducing a new animal into your household? Yes No

18. Describe pets you still care for or that are living in your household:

Name	Dog/Cat/Other	Age	Spayed/Neutered	Inside/Outside/Both	Declawed	Breed
			Yes/No	Inside/Outside/Both	Yes/No	
			Yes/No	Inside/Outside/Both	Yes/No	
			Yes/No	Inside/Outside/Both	Yes/No	
			Yes/No	Inside/Outside/Both	Yes/No	

19. Are your pets current on their vaccinations? Yes No

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

What name is your pet(s)' records under: _____

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

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

Name	Dog/Cat/Other	Age	Spayed/Neutered	Inside/Outside/Both	Cause of death
			Yes/No	Inside/Outside/Both	
			Yes/No	Inside/Outside/Both	
			Yes/No	Inside/Outside/Both	

24. 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: _____

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

If so, why? _____

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

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

28. Please list below two references (one of which is not a family member):

Name: _____ Telephone: _____

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. Wayward Whiskers reserves the right to deny any application for adoption for any reason.

Signature _____ Date _____

**Please allow 3-5 business days for your application to be reviewed and processed.
You will be contacted if you are APPROVED.**