



- Approved
 Check in on _____
 Added to Spreadsheet

WORKING CAT ADOPTION APPLICATION

How did you hear about the program?

Personal Information:

Date: _____ First name: _____ Middle Initial: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____ E-mail Address: _____
DL#: _____ DL State: _____ DOB: _____

Living Situation:

Do you own or rent? Own Rent Do you live at this address full-time? Yes No

What type of property do you live on?

Dairy Farm Horse Stable Beef Farm Hobby Farm Other

Describe the housing the cat will be housed in:

Have you had working cats on your property before? _____ If yes, do you still have them? _____

If no, please explain why:

Do you plan on moving in the future? _____

Would you take the cats with if you were to move? _____

Animal Care Information:

Why do you want a working cat?

Are you looking for specific characteristics in a working cat?

Cats need to be securely confined for 2-4 weeks. Are you prepared to allow this much time to adjust? _____

Who will be responsible for your working cat's daily care? _____

Who will be responsible for your working cats if you are away? _____

Do you agree to providing veterinary care for your working cats as needed? _____

Are you able to provide food and water daily? _____

1. I understand that the CRHS has the right to deny any application.
2. I understand that filling out this application does not guarantee that I will be approved to adopt this animal.
3. I understand that if I do not live in the State of WI, I am responsible for any interstate commerce laws should I adopt this animal.
4. I certify that the information above is true.

Signature

Date

Office Use Only:

Check ASM

Verify Land Records

Staff Visit Notes:

Staff Initials: _____

Animal Information:

Name: _____ Case #: _____ Breed: _____ Age: _____ Sex: _____ Description: _____

Reason for Working Cat Placement: _____ Adoption Date: _____

Name: _____ Case #: _____ Breed: _____ Age: _____ Sex: _____ Description: _____

Reason for Working Cat Placement: _____ Adoption Date: _____

Additional Notes:

Adoption Checklist:

- ___ Discussed the goals of the program.
- ___ Discussed the wants/needs of the applicant.
- ___ Informed the applicant of the daily care required of owning a working cat.
- ___ Discussed the relocation process and what is needed of the applicant.
- ___ Informed them they are the owners of these animals and are responsible for them.
- ___ Discussed veterinary care on a as needed basis.

SUPPLIES

Given		Returned
	Crate	
	Feral Cat Den	
	Litterbox	

Given		Returned
	Litter Scoop	
	Dishes	
	Carrier	