

Adoption Application

The Lost Companion

Wild Rose, WI 54984 (920)229-6250
 Email: thelostcompanionwildrose@gmail.com
 A nonprofit organization dedicated to helping animals

Date: _____ **Cat/Kitten Interested In:** 1st _____ 2nd _____ 3rd _____

Adopter's General Information: PLEASE PRINT

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Occupation: _____

Employer Name: _____ Employer Phone: _____

Have you adopted from TLC previously? Yes / No If yes, approx. date of adoption: _____

Property / Household Information:

House Duplex Apartment Condo Mobile Home

I own I rent* I live with a parent or guardian

How long have you lived at this address? _____

*If you rent, name of landlord: _____

Landlord phone: _____ Landlord email: _____

Spouse/Roommate/Partner's name: _____

Names and ages of children (if applicable): _____

Does anyone in your home have allergies: Yes* No If yes, who and what type of allergy: _____

Who is the pet for: Myself My family Relative Friend

Pet will be kept: Indoors Outdoors Both indoors and outdoors (explain): _____

Pet Information: Have you ever had a pet before? Yes No

If yes, were you the primary caretaker? Yes No If no, who was? _____

List current or past pets:

Type if Animal	Pet's Name	M/F	Spay/Neuter	Age	Still with you?	If not: reason why?

Veterinarian Information:

Please list your current/previous veterinarian (s). TLC will contact them to verify your current/previous pets are/were up to date on shots and altered. This is a requirement for new pet adoptions. Please call their office(s) to authorize release of information to TLC. If you are planning to utilize another vet but are not currently a client, please make a note of this.

Veterinarian Name: _____ Vet Clinic Name: _____

Current Veterinarian Phone: _____ and/or Email: _____

If adopting a cat/kitten were you thinking of declawing? Yes No

Are you interested in receiving information or training your cat to use a scratching post? Yes No

The Lost Companion does not allow declawing of any cat adopted from this organization. By signing this form you agree not to have two-paw or four-paw declawing of adopted cat/kitten.

As your new cat transitions to your home, it may take a month (or more) to adjust. Are you willing to devote time to the transition process? Yes No

References:

Please provide two NON-RELATIVE references and their relationship to you. Please advise them a TLC volunteer will be contacting them so they can expect our call/email.

Name/Relationship: _____ Phone: _____ Email: _____

Name/Relationship: _____ Phone: _____ Email: _____

Additional Information:

To meet a pet, a potential adopter should fill out the adoption application, meet the pet and have a compatibility interview. We do not use a first-come, first-serve process. We decide who is going to be the best match for each pet. The process is intended to ensure a best-fit, long-term successful adoption for both the family and pet.

*By signing this adoption application, you agree to provide vaccinations, health check-ups and any additional veterinary care, by a qualified veterinarian, on a yearly basis.

*Your adoption fee is a donation to The Lost Companion and is nonrefundable.

*When adoption a cat or kitten, you must bring a secure cat carrier along when picking up your new pet.

By signing this form, I/we acknowledge that the information on this form is true and correct. I/we agree to all provisions indicated on this form. I/we understand that any misrepresentation of fact may result in The Lost Companion refusing adoption privileges to me/us. If my/our request for adoption is approved and later The Lost Companion discovers the above information is not true or correct, this application becomes null and void. Because of my breach of contract, The Lost Companion reserves the right to remove the adopted pet from my home and I will be held responsible for any associated legal costs incurred as part of said reclamation process. In order to ensure the best homes for our rescued pets, we reserve the right to deny any adoption application.

Signature: _____ Date: _____

How did you hear about us? Word of mouth Petfinder Website Other: _____

*Thank you for applying to adopt a pet from TLC! **Please allow 2-3 business days to process your application.***

Office Use Only:

Date/time received: _____

Approved Not Approved Reason: _____

Signature of Staff Volunteer: _____ Date: _____

Adoption Donation: _____ Check #: _____ Cash: _____