



Westfield Homeless Cat Project

1124 East Mountain Road

Westfield, MA 01085

(413) 568-6964

westfieldhcp@aol.com

westfieldhomelesscatproject.com

Adoption Application

Complete and submit this form via email to the address above or in person. All applicants must be at least 21 years old and are required to submit a copy of a government-issued ID (driver's license, state ID, passport) with their name and photo along with this application.

**ALL QUESTIONS MUST BE ANSWERED COMPLETELY;
INCOMPLETE APPLICATION SUBMISSIONS WILL NOT BE ACCEPTED.**

Full Name: _____ Today's Date: _____

Address: _____

Town/City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

1. Describe the cat/kitten you are interested in: _____

2. What do/will you feed your cat? Dry Food Wet Food Human Food Both Neither

3. How many hours per day will the cat/kitten be without human companionship? _____

4. Where do you plan on keeping your cat/kitten during the day? _____

Where do you plan on keeping your cat/kitten at night? _____

5. Do you want your cat to go outside or will it be inside only? _____

6. Do you plan on declawing your cat? YES NO

6a. If yes, which vet will be involved in the procedure? _____

7. Do you currently rent or own? _____ Type: House Condo Apartment

7a. If you rent, please provide your landlord's contact information:

Name: _____ Phone: _____

7b. If you own, can you provide proof of property deed or homeowner's insurance? YES NO

8. How long have you resided at your current residence? _____

9. Are you currently employed? YES NO

9a. If yes, how long have you been employed for? _____

10. How many adults live in your home? _____ Kids: _____ Age of Kids: _____

11. To the best of your knowledge, is anyone living in your home allergic to animals? _____

12. In the past 10 years, please list the types of pets you currently or have previously owned:

| Pet Name: | Type/Breed: | Age: | Neutered/Spayed: | Up To Date Vaccinations? | Still Own? |
|-----------|-------------|------|------------------|--------------------------|------------|
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13. If you no longer own any of the above listed pets, please tell us why you no longer own them:

14. Who is your current or past veterinarian for the above animals?

Name: _____ Phone: _____

15. What would be a reason you would give up your cat/kitten? _____

16. How long is the average lifespan of a cat? _____

17. Are you prepared to care for this cat for its entire lifespan? _____

18. Are you financially able to handle a life-threatening emergency for your cat/kitten? YES NO

19. Would you be willing to grant a representative from the Westfield Homeless Cat Project to visit your home before the adoption process is completed? YES NO

By signing below, I _____ certify the accuracy of the provided information. I acknowledge that any false representation may impact my eligibility to adopt a cat/kitten from the Westfield Homeless Cat Project. I grant full authorization for the investigation of all the statements and questions outlined above.

Applicant Signature

Date

WHCP Volunteer Signature

Date