



Wildlife Freedom Foundation

New York State Registered Shelter/Rescue Registration No.: RR350

The Wildlife Freedom Foundation, Inc. is a 501c3 not-for-profit all volunteer organization committed to improving the lives of animals in distress. We believe in working together to create a better life for the animals we rescue.

ADOPTION APPLICATION

Before placing a cat in your home, we would like to make a brief visit to make sure that there are no cat hazards (loose window screens, spaces between kitchen appliances, poisonous house plants, etc.). We will deliver your cat to its new home, and make a follow-up visit to be sure that you and your new cat are adjusting happily to life together. **If you have questions or concerns**, if unforeseen circumstances arise and you are unable to keep your adopted cat, we ask that you return this cat to us. NO questions asked.

Animal and Adoption Details

To ensure that this adoption is in the best interest of both you and the pet you selected, we ask that you answer the following questions.

Cat of interest: _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Primary Phone: _____

E-Mail Address (PRINT): _____

Occupation: _____

Employer: _____

Do you live in a: House _____ Apartment _____ Do you: Own _____ Rent _____?

If you rent, what is your landlord's name and phone? _____

Do you anticipate moving in the next few months? Yes _____ No _____

Are you 18 years of age or older? _____



ADOPTION INFORMATION

It is Wildlife Freedom Foundation policy to have a representative visiting the cat/s within the next three months. Are you willing to have a WFF Representative visiting your home? **Yes - No**

Do your windows have screens? **Yes -- No**

If not, will you agree to install screens at your windows? **Yes - No**

What is your past and/or current experience with cats? First time owner _____ Have had cats as an adult _____ Had a cat as a child _____ Have had more than 2 cats as an adult _____

Why are you adopting this cat/kitten? _____

Where will the cat/kitten sleep at night? Cat Bed _____ Bedroom _____ Other _____

How many hours of the day will your cat/s be left alone? _____

Will your new cat be: Indoor _____ Outdoor _____ Both _____

Do you have other pets? _____ If yes, what pets do you have? _____ Any Dogs? _____

Please list the number of any pets you currently own (If any) _____ And where do they come from?

Please list any pets you previously owned if any: _____

What happened to the pets you previously owned? _____

Have you ever given or sold an animal to a family member or others? _____

Have you ever surrendered a pet to a rescue group or animal shelter? If yes, what organization?

And, if so, why?

Have you or anyone in your family ever been convicted or cited for crimes against animals? **Yes - No**

If you own or have you previously owned any cats, is/was any of them declawed? **Yes - No**

Do you plan to have this cat declawed? (Senate Bill S5532B /AB 1303, which **bans the declawing of cats** in the state of New York) **Yes - No**

* I have been informed that declawing is amputation up to the first joint of each toe. I understand that this is a painful and debilitating procedure that can lead to behavioral problems as well as health problems. **If I have any problems with scratching, I will contact the Wildlife Freedom Foundation adoption counselor and my veterinarian for assistance in resolving the problem WITHOUT declawing the cat.**

Your Initials here: _____

TELL US MORE ABOUT YOURSELF

Please list the names of all people living in your household and their relationship to you
(Spouse/Partner/Roommate/Children)

Failure to fully disclose this information will result in immediate Adoption Denial.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Are you willing and able to always supervise your new cat around any children in your home? **Yes - No**

Does anyone in the household have allergies of any kind? **Yes - No**

If YES, are they taking medication and agree to adopt a cat? _____

If you ever move, have you considered that another place may not allow pets? **Yes - No**

What will you do if this happens? _____

Are there any other reasons you might give up/surrender this potential pet? **Yes - No**

If **YES**, please explain: _____

How would you describe your household? Active____ Noisy____ Quiet____ Average____

Where will you keep the cat? (Check **ALL** that apply) Free run of the house ____

Inside Cat ____ Basement____ Garage____ Outdoor____ Other (Please explain) _____

Why do you want to adopt this cat: House Pet____ Mouser____ Breeding ____

Companionship ____ Gift for friend or relative ____ Other (Please explain)

ADOPTER'S AGREEMENT

1. I agree that the pet/s is/are being adopted for myself and it/they will not be sold, adopted, or given to another party including shelters.

2. I agree that **I will not allow the cat/s outdoors**. The cat will live inside my home. If the animal is not spayed/neutered prior to adoption, proof of surgery must be mailed to the rescue within 30 days of the procedure. I agree to care for the animal in a loving and humane manner; this includes supplying adequate food, water, shelter, love, attention, and medical care.

3. I agree that if at any point I cannot keep the animal, I will return the cat to the Wildlife Freedom Foundation, Inc. (aka WFF) NY and without requesting a fee. I agree that I will give an advance notice to the WFF and assist, if necessary, with all the necessary steps for a safe relocation/return of the cat to the WFF.

4. I understand and agree that the current rescue group makes no guarantees about the animal's temperament and the WFF is not responsible for future damages or injuries caused by the animal/s.

5. I give the WFF rescue group permission to call or visit my home at any reasonable time to assure that the cat/s is/are being properly treated and cared for. (Your initials here) _____

6. The answers to the above questions are true to the best of my knowledge.

7. The Wildlife Freedom Foundation and its directors, representatives, agents, volunteers are in no way responsible for any damage, accident or injury resulting from the placement of the pet/s into my household.

By signing this Adoption Form I acknowledge that all information submitted in this form is true and correct. I understand that any failure to perform the foregoing agreement will constitute a breach of contract. In the event of such a breach, I authorize the adoption counselor to reclaim possession and guardianship of the adopted animal.

- **Any falsification or misrepresentation may result in a DENIAL of Adoption and/or subsequent removal of the pet from your home. (Your initials here)**

- Please supply two (2) personal references (Name and phone number).

- We will call at least one.

- Reference 1. _____

- Reference 2. _____

I confirm that all statements I have made on this Adoption Form are true.
If it is found that any part of the Statement, I have made on this form is not true, the adopted pet CAN and WILL be confiscated.

(Your initials here) _____

Our Adoption Procedure: We will review your application and then get back in touch.
If you do decide to adopt a cat from us, we request a **\$100** (for each adult Cat) or **\$150** (for each kitten) fee that will partially cover our expenses.

If unforeseen circumstances arise and you are unable to keep your adopted pet, we ask that the cat/s be returned to the Wildlife Freedom Foundation so that we will be able to find a new loving home for him/her. NO questions asked.

**If you have any questions, please Contact the Wildlife Freedom Foundation at: 917-622-9921
Or via Email at: wffny.info@gmail.com**

By signing below, I certify that the information I have provided is true and that any misrepresentation of facts may result in my losing adoption privileges with the Wildlife Freedom Foundation

I also understand that there are No refunds on Adoptions.

Adopter's Printed Name: _____

Signature: _____

Date: _____

Thank you for answering all our questions!

***** WFF RESERVES THE RIGHT TO DENY ANY ADOPTION. *****

FOR WFF OFFICE ONLY

WFF Adoption Counselor: (Print) _____

Signature: _____

WFF Adoption Approval: _____

WFF Adoption Denial: _____

Date: _____



