

Little Wanderers NYC

Adoption Application

adopt.littlewanderersnyc@gmail.com

917-617-1669

Office Use Only:

Thank you for expressing an interest in adopting from Little Wanderers NYC. We are intent on providing our rescued cats and kittens with safe, healthy, and happy life-long homes and also providing our adopters with the companionship, playfulness, love, and enjoyment of having a feline family member(s).

Please read our adoption policy below, complete this application, and return to the email address above. We process applications in the order in which they are received. Processing usually takes between 24-72 hours.

Little Wanderers Adoption Policy:

- applicant must be the adopter of the animal
- applicant must be 21 years of age or older
- applicant must present a valid driver's license or other valid form of identification
- if applicant is a renter, applicant must provide a copy of lease/pet policy OR provide landlord contact info
 - applicant agrees to a home visit prior to receiving the cat(s)/kitten(s)
- applicant agrees to NOT declawing adopted cat(s) – Little Wanderers NYC can provide humane alternatives/training methods
- applicant agrees to providing proper nutrition, veterinary care, and a safe environment for the adopted cat(s)/kitten(s)
- applicant must contact and inform Little Wanderers NYC if he/she is unable to keep the adopted pet(s) or provide proper care before alternate arrangements are made
- applicant agrees to remitting adoption fee at or before time of adoption - \$150 per cat/kitten; \$250 per pair

Applicant Information:

I certify that I am 21 years of age or older (please initial) _____ yes _____ no

Name: _____ Date: _____

- I am interested in: (Check all that apply. If you are interested in particular cat(s)/kitten(s), please list the name(s))
 - ____ One cat
 - ____ 2 or more cats
 - ____ One kitten
 - ____ 2 or more kittens
 - ____ Special needs cat(s) or kitten(s) – ex: blind, deaf, FIV+, FeLV, etc.

Street Address: _____ Apt: _____

City, State, Zip Code: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Number of adults in household: _____ Relationship(s) to adopter: _____

Number of children in household: _____ Age(s) of child/children: _____

How long have you lived at this residence? _____ Are any household members allergic to cats? _____

Do you own or rent? _____

Renters complete the next 3 bullets:

- Does your building's pet policy permit cats? _____ Is there a limit on the number of pets permitted? _____
- Building management company/landlord name: _____
- Contact phone number for building management company/landlord: _____

Household Information (will also be verified at home visit):

Are all windows completely screened? _____ If no, please explain: _____

Do you have (check all that apply): _____ terrace _____ balcony _____ deck _____ backyard _____ porch _____ fire escape

Will the cat/kitten have outside access? _____ Will you travel with your cat(s)? _____ If yes, where: _____

Employment Information:

Employer: _____ Occupation: _____

Employer Address: _____

Employer Phone: _____ Work Schedule: _____

How long at present job? _____ Does your job require travel? _____ If yes, how often? _____

Cat Ownership Information:

Do you consider yourself an experienced cat owner? _____ New owner? _____

Why do you want a cat/cats at this time? _____

On average, for how many hours will this cat or cats be alone each day? _____

Where will cat(s) be kept? _____

Are you committed to providing a permanent home for the lifetime of this cat or cats? _____

Are you prepared to pay for vet bills when cat(s) require(s) medical attention and routine care? _____

What behaviors would cause you to return your cat/cats to Little Wanderers NYC? _____

Would you be willing to work with Little Wanderers NYC regarding issues that may arise? _____

If you become incapacitated or cannot take care of this cat for any reason (personal, financial, etc.), as per Little Wanderers NYC policy you must contact us before alternate arrangements are made. Should alternate arrangements be agreed upon, who will care for the cat(s)?

Name: _____ Relationship: _____ Phone: _____

Other Pets Currently Residing in Your Home:

Name	Age	Species	Spayed/Neutered?	Up-to-date on vaccines?	Personality (brief description)

Previous Pets who are no Longer With You: (past 5 years)

Name	Species	Age when received	Age when no longer with you	Reason no longer with you

References:

Veterinary Clinic Name (if current pet owner): _____ City/State: _____

Veterinary Clinic Phone Number: _____ Veterinarian's Name: _____

Personal/Professional Reference #1 Name: _____ Relationship: _____

Contact Phone Number: _____ and/or email: _____

Personal/Professional Reference #2 Name: _____ Relationship: _____

Contact Phone Number: _____ and/or email: _____

Applicant Attestation – Please initial each line:

___ I will adhere to the adoption policies of Little Wanderers NYC outlined on page 1 of this application.

Additionally:

___ I am financially able to care for any animal(s) I adopt for the duration of their lives – including unforeseen medical expenses.

___ If not already spayed/neutered, I will have the kitten(s) spayed/neutered at or around 6 months of age.

___ I will keep the cat(s) INDOORS only.

___ I will not hold Little Wanderers NYC or any of its volunteers liable for any defects or illnesses the cat(s) may have.

___ I will not hold Little Wanderers NYC or any of its volunteers liable for any injuries or harm resulting from any interaction with our cat/s and/or kitten/s

___ I will allow a home visit after adoption if Little Wanderers NYC is notified of any concern for the well-being of the cat(s).

Applicant Signature:

By submitting this application, I certify the information provided is complete and correct to the best of my knowledge. I give my permission for any of this information to be verified. I understand that Little Wanderers NYC has the right to deny any adoption for any reason.

Signature of Applicant: _____ **Date:** _____

Office Use Only:

Coordinator: _____ Notes: _____
