



## Rainbow Whiskers Kitten Rescue MN Adoption Application

Applicants Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please list any additional people in household: \_\_\_\_\_

\_\_\_\_\_

Has anyone in your household experienced allergies or asthma from a pet?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Why are you wanting to adopt a cat/kitten? (check all that apply)

\_\_\_\_\_ Companion for you/Spouse \_\_\_\_\_ Companion for children

\_\_\_\_\_ Companion for current pet \_\_\_\_\_ Gift for friend/family

\_\_\_\_\_ Other (please explain) \_\_\_\_\_

Is your home a: \_\_\_\_\_ House \_\_\_\_\_ Apartment \_\_\_\_\_ Condo

How long have you lived there? \_\_\_\_\_

Do you have plans to move in the near future? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you rent or own your home? \_\_\_\_\_ RENT \_\_\_\_\_ OWN

If renting, do you have permission to have a pet? \_\_\_\_\_YES \_\_\_\_\_NO

Landlord's name and phone

number:\_\_\_\_\_

Name of cat/kitten that you are applying to adopt:\_\_\_\_\_

Is this your first pet? \_\_\_\_\_YES \_\_\_\_\_NO

Where will your cat/kitten be kept? \_\_\_\_\_ Inside only

\_\_\_\_\_Inside & outside (Please explain) \_\_\_\_\_

Will the cat/kitten have access to clean water and food daily? \_\_\_\_\_YES

\_\_\_\_\_NO

What brands of cat/kitten food do you plan to feed your new cat/kitten?

Will you agree to feed your new cat/kitten specific food if needed for health reasons?

\_\_\_\_\_YES \_\_\_\_\_NO

Do you currently own any other pets? \_\_\_\_\_YES \_\_\_\_\_NO

If yes, please list their names, ages, and breeds:\_\_\_\_\_

Are your current pets up to date on vaccines and veterinary care: \_\_\_\_\_YES

\_\_\_\_\_NO

Do you have a primary veterinarian for your pets? \_\_\_\_\_YES \_\_\_\_\_NO

Veterinarians name and phone #: \_\_\_\_\_

May we contact your veterinarian to verify the above information and for reference purposes? \_\_\_\_\_YES \_\_\_\_\_NO

Please list out contact information for 2 personal references. By providing this information you are authorizing RWKR to contact these persons for personal references.

Reference #1

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Reference #2

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Cats and kittens require an adjustment period in their new home. Because of the transition and stress, it may cause some negative behaviors. What behaviors would NOT be acceptable to you and what would you do to correct the behavior? Ex: scratching furniture, not using litter box, excessive crying.

\_\_\_\_\_  
\_\_\_\_\_

All cats/kittens adopted through Rainbow Whiskers Kitten Rescue have received medical care and are up to date on all applicable vaccinations and parasite control treatments.

Rainbow Whiskers Kitten Rescue MN will alter all cats/kittens that are of appropriate age prior to adopting. If a kitten is adopted prior to altering, do you agree to spay/neuter the kitten as soon as it reaches the recommended age for altering and you will assume all expenses for that procedure?

\_\_\_\_\_ YES \_\_\_\_\_ NO

Name, phone number of Veterinarian performing the surgery and date scheduled:

\_\_\_\_\_

Are you prepared to cover all vet expenses your cat/kitten may incur throughout its life with you? \_\_\_\_\_ YES \_\_\_\_\_ NO

Under what circumstances would you NOT be able to keep this new cat/kitten?

\_\_\_\_\_

Are you willing to allow a representative of Rainbow Whiskers Kitten Rescue MN to visit your home prior to placement and a follow up visit after placement?

\_\_\_\_\_YES \_\_\_\_\_NO

If no, please explain.

\_\_\_\_\_

If for any reason I cannot continue to care for any cat/kitten adopted from Rainbow Whiskers, I agree to return the cat/kitten to Rainbow Whiskers and I understand that I will forfeit my adoption fee. \_\_\_\_\_ Initial

Applicant signature:

\_\_\_\_\_Date: \_\_\_\_\_

I certify that the above information is true and correct.

Applicant's Name:

(printed) \_\_\_\_\_

Signature of Applicant:

\_\_\_\_\_

Date: \_\_\_\_\_

-----  
-----

Office Use

Rev: 03/24

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Determination: \_\_\_\_\_ Date of Adoption: \_\_\_\_\_

Dates of home inspections prior/post adoption and by whom: \_\_\_\_\_

Adoption fee: \_\_\_\_\_ Date closed: \_\_\_\_\_

Initials: \_\_\_\_\_