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WHAT IS THE NAME & PHONE # OF YOUR VETERINARY HOSPITAL? \_\_\_\_\_

DO YOU AGREE **NOT** TO DECLAW THIS CAT/KITTEN?

DO YOU AGREE TO KEEP THIS CAT/KITTEN **STRICTLY** IN DOORS

ARE ALL OF YOUR ANIMALS SPAYED OR NEUTERED

HAVE YOU EVER HAD ONE OF YOUR ANIMALS GET SICK?

WHAT WAS WRONG AND EXPLAIN WHAT YOU DID TO HELP HIM OR HER THROUGH IT? \_\_\_\_\_

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WHAT WOULD BE THE MAXIMUM YOU WOULD SPEND ON A MEDICAL BILL?

\$100 \_\_\_\_\_ \$500 \_\_\_\_\_ \$1000 \_\_\_\_\_ \$ THE SKY'S THE LIMIT \_\_\_\_\_

HAVE YOU EVER HAD TO GIVE UP YOUR ANIMAL? YES NO

IF YES, WHY? \_\_\_\_\_

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WHERE DID THE ANIMAL GO? \_\_\_\_\_

### **PET BEHAVIOR**

IT WILL TAKE THIS CAT APPROXIMATELY 2 DAYS TO BECOME FAMILIAR WITH ITS NEW HOME AND ABOUT 2 WEEKS, SOMETIMES MORE, TO BECOME COMFORTABLE WITH THE FAMILY AND OTHER PETS. ARE YOU PREPARED TO GIVE THIS ANIMAL THIS TIME TO ADJUST?

ARE YOU WILLING TO WORK WITH THIS ANIMAL TO CORRECT BEHAVIORAL PROBLEMS, IF THEY ARISE, SUCH AS REFUSING TO USE THE LITTERBOX OR DESTRUCTIVE CLAWING?

\*\*\*\*\* I CERTIFY THAT ALL THE INFORMATION I HAVE PROVIDED IS COMPLETE AND TRUE AND I AGREE TO COMPLY WITH THE TERMS OF THIS ADOPTION. I UNDERSTAND THAT FILLING THIS FORM OUT DOES NOT GUARANTEE THAT I WILL BE ADOPTING THIS ANIMAL.

SIGNATURE OF ADOPTER: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF WHISKER RESCUE REPRESENTATIVE: \_\_\_\_\_

DATE: \_\_\_\_\_

\*\*\*\*Please email this form to [auctions@aprilbrown.com](mailto:auctions@aprilbrown.com) or print and bring with you.