

***Windy Hill Kitten Rescue, Inc.***

*Adoption Application*

(Please type or print)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_--\_\_\_\_\_

Home Phone:[ \_\_\_\_\_ ] \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address (if you have one): \_\_\_\_\_

Best Time to Call: \_\_\_\_\_ Occupation: \_\_\_\_\_

Do you own or rent your home? Own Rent

If you rent, do you have landlord's permission to keep a cat? Yes No

Name of Landlord \_\_\_\_\_ Phone No \_\_\_\_\_

Do you live in a House Apartment Trailer Other (Describe)

How long have you lived at this address? \_\_\_\_\_

How many adults in the household? \_\_\_\_\_ Children? \_\_\_\_\_

Are any members of your household allergic to animals? Yes No

Please describe your lifestyle: Active Passive

Are you looking primarily for a Pet Mouser

Have you adopted from a rescue group before? Yes No

How did you learn of Windy Hill Kitten Rescue, Inc.? \_\_\_\_\_

Do you own cats? Yes No Spayed/neutered? Yes No

How many cats have you owned in the past five years? \_\_\_\_\_

Do you intend to keep this cat primarily? Indoors Outdoors

Do you have a regular veterinarian? Yes No Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you want to adopt a Male Female No Preference Age Preference \_\_\_\_\_

I would be willing to consider a suitable cat of a different sex age

***Personal Reference***

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

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

Thank you!

Send completed application to:

**Joanna Collins**  
Windy Hill Kitten Rescue, Inc.  
4820 Darby Road  
Avon, New York 14414  
(585)-226-9155

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