



ON ANGELS' WINGS, INC.

Cat Adoption Application for _____ (Name of Pet)

ABOUT YOU

Name(s) _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____
 Driver's License # _____
 Occupation _____

Date of Application: _____
 Date of Birth _____
You must be at least 18 years of age to adopt.
 Email _____
 Cell _____
 Driver's License Expiration _____
 Length of time at job _____

ABOUT YOUR HOUSEHOLD

Length of time at current address _____ years

Do you: Own Rent Type of Dwelling: House Condo/Townhome Apartment Mobile Home

If renting: Landlord name _____ Phone _____

If you own, have you checked with your Homeowners' Association regarding their pet policy? Y N

Do you, or any members of your family, have pet allergies? Yes No If yes, please explain _____

Please list all other members of your household:

Name	Relationship to you	Age	Role in caring for new pet?

ABOUT YOUR CURRENT/PREVIOUS PETS

Please list all animals you have owned in the last ten years:

Name	Type & Breed of Animal	Age	Spayed/Neutered?	Still Own?	If not, explain	How old was your pet when you got it and where from?

Where are your pets kept during the day? _____. Where do your pets sleep at night? _____

How long are the pets in your home left alone? _____ (hours per day). What brand of food do you feed? _____

When and how do you feed your animals? _____

How do you plan to introduce your new animal to your current animal(s)? (if applicable) _____

How do you plan to exercise this animal? _____

ABOUT YOUR NEW PET

How long have you been considering adding a new pet to the household? _____

In your search for your new pet, have you looked at other shelters, pet stores, rescue groups, etc? YES___ NO ___
If yes, which ones? _____

Please tell us why you would like to adopt this animal: _____

Please describe the most important characteristics and personality traits of your ideal pet: _____

REFERENCES

By listing three references (including one neighbor, but NO relatives), you hereby given OAW permission to call:

Name _____ City _____ Phone _____ Relation _____

Name _____ City _____ Phone _____ Relation _____

Name _____ City _____ Phone _____ Relation _____

Who is your most recent veterinarian? _____ Phone: _____

How did you hear about On Angels' Wings?

Petfinder ___ Friend ___ Newspaper ___ Website ___ Shopping at the Thrift Store ___ Other ___

Thank you for submitting an adoption application to OAW and choosing to save a life. There may be up to a 48-hour waiting period before the adoption will be finalized to allow time for personal and veterinary checks.

I certify that I have never been convicted of a crime related to animal cruelty, abuse, or neglect. _____ (Initials)

For the safety of all parties, I understand an adoption may be refused for very young children in the home. _____ (Initials)

By signing this application I certify that the information contained herein is true, accurate and complete. I understand that any misrepresentation of the above information can result in withdrawal of my application for adoption. I understand that all adoptions done by On Angels' Wings, Inc. are at the discretion of authorized representatives and completion of this form does not guarantee adoption.

_____ Date _____
Signature(s) of Adoptive Applicant (s)

Please submit your completed application via mail, fax or email.

Mail: On Angels Wings, Inc.
5186 Northwest Highway, Suite 133
Crystal Lake, IL 60014

Email: oawanimalwelfare@yahoo.com

Fax: 815-356-8176

If you have any questions, please call us at (224) 688-9739 or email the director: oawanimalwelfare@yahoo.com

Once your completed application has been received and reviewed, one of our adoption counselors will contact you.

Approved: _____ Date: _____ Comments: _____
Declined: _____ Reason: _____