

Adoption Application

PLEASE COMPLETE THE ENTIRE FORM

Name of Applicant: _____
(Please Print)

Cat's Name: _____

Mailing Address: _____

Physical Address: _____

Home Phone #: _____

Cell #: _____

Work Phone #: _____

E-mail: _____

Do you rent or own a home? _____

Length of time at current address? _____

If renting, does the landlord allow pets? __YES __NO

IF yes, landlord's name: _____

Phone #: _____

Do you plan to move within a year? __YES __NO

How many people live in your home? Adults #: _____

Children #: _____ Ages: _____

How many pets do you currently own? Dogs #: _____

Cats #: _____ Other: _____

Have they all been spayed/neutered? __YES __NO

(If no, why?) _____

Do they have necessary vaccinations? __YES __NO

Are your cats allowed to go outside? __YES __NO

Will you allow this cat to go outside? __YES __NO

Do you plan to declaw this animal? __YES __NO

For what reason would you return a pet or give it away? _____

Name of Veterinarian you may have used prior to this adoption: _____

If no prior Veterinarian experienced, who do you expect to visit? _____

Do you agree to allow PAWS to contact your Veterinarian to validate medical history? YES NO

Is this pet for your own household? YES NO

Are all the household members in agreement to this adoption? YES NO

How did you hear about our organization? _____

Do you have any questions about this adoption? _____

Do you agree to return this/these animals(s) to PAWS if for some reason you cannot keep it/them? YES NO

References (non-related):

Name & Phone #: _____

(MUST BE COMPLETED)

Name & Phone #: _____

(MUST BE COMPLETED)

Applicant's Signature _____

Signature of Guardian or Parent (if applicant is under 18) _____

Date _____

Your application will be reviewed by our current Board members for approval; it must be fully completed for consideration. Thank you for your interest in our organization!