

## **Purrfect Pets Adoption Application**

Welcome to Purrfect Pets! Our humane organization takes responsibility for orphaned and unwanted pets that might not have a chance at adoption. Therefore, we seek permanent, loving homes where our "special" pets can live long, happy and healthy lives. For this reason, we ask that the following questions be answered.

## **OUR ADOPTION REQUIREMENTS – Process can take 24-48 hours**

- You must be at least 21 years old, with proper proof of age.
- Current identification must show your correct address and phone number.
- You must be willing to spend the time and money needed to feed, house, train, and provide medical care for your pet.
- You must be willing to allow an authorized representative of Purrfect Pets to make an adoption follow-up, either in person or by phone.
- Finally, you must pay a non-refundable adoption fee.

IF YOU ARE WILLING TO COMPLY WITH THE ABOVE REQUIREMENTS, PLEASE COMPLETE THIS FORM AND RETURN TO A PURRFECT PETS REPRESENTATIVE.

Name:			
Address:			
City:	State:	Zip:	
Home Phone: ( )			
Work Phone:()			
Cell Phone:()			
E-Mail Address:			
DOB:			
want a pet because			
s the pet for you and your household? If no, who is it for?			
Vho lives in your household?			
lumber of Adults			
lumber of Children Children			
lave the children been around pets?			
Ooes everyone in your household want a cat?			
Vho will be responsible for the care of the animal?			
The trin be responsible for the oute of the diffillar:			

Are you current	Are you currently a student?  Are you a first time pet guardian as an adult?  Do you or anyone in your household have any allergies?  Do you own your home? Rent your home?			YES	NO	
Are you a first ti				YES	NO	
Do you or anyo				YES	NO	
Do you own you				? Are pets allowe		
Name of landlo	rd:		Landlord Pho	ne Number:	( )	
If you have bee	n living at your բ	oresent address le	ess than one y	vear, list you	previous address	s and length of
Address:						
City:			State	e:	Zip:	
Are you employed:	Full time?	Part time?	Unemploye	d? W	ork at home?	Retired?
Employer's Name:						
Have you adopted or ha	nd a pet before?					
Vho is your veterinariar	າ?					
ist pets you currently	/ have in your l	nome:				
Type-Breed	Age M/F	Spayed/Neuter	ed Last	Vet Visit	If a cat, is	it declawed?
lave these pets been a	round other pet	s?				
ist all pets in the last	5 years, if not	listed above:				
Type-Breed	Age M/F	Spayed/Neuter	ed Last	Vet Visit	Reason no	longer have
Where will the pet be ke	ept?	INDOOR		OUTDOO	R	вотн
For how long will you be	e able to provide	care for this pet?	?			
f you move, will you tak	e this pet with y	ou? YES	NO			
For what reason would	you give up you	r pet?				
Have you ever relinquis						
-						<del>-</del>

If you were unable to care for y	our cat, do you h	ave someone who would be respo	onsible? YES	NO		
Name:Number:						
Where will the pet sleep?						
Please list two references:	NAME		PHONE NUMBER			
	1					
	2					
Litter box location is important.	. Where will you p	lace your litter box?				
·	, ,	,				
How will you correct play biting	1?					
		ily, home, and to your pets, if you				
now will you introduce your ne	w pet to your fam	ily, nome, and to your pets, il you	nave any :			
De you plan to declay your co	t now?	In the future?				
How will you train your cat to c	law appropriately	?				
•						
What newspaper?						
The information I have provide	d is true and corre	ect.				
Signature:		Date:				

## **PURRFECT PETS CAT ADOPTIONS**

P.O Box 3813, Shawnee, Kansas 66203