



Cat Adoption Application

Welcome to PAWS' adoption program. We request the following information so that we can assist you in the selection of a new cat. This form and a consultation with a PAWS representative are designed to help you find the cat most compatible with your lifestyle. Please mail this form to PAWS, P.O. Box 855, Camp Hill, PA 17001, OR return this form to a local PetSmart Adoption Center. **ALL INFORMATION ON THIS FORM MUST BE COMPLETED FOR APPLICATION TO BE PROCESSED. COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE ADOPTION.** Processing takes 3-5 business days.

To be considered as an adopter, you must:

- Be 21 years of age or older
- Have identification showing your present address
- Have the knowledge and written consent of your landlord
- Be able and willing to spend the time and money necessary to provide medical treatment and proper care of the cat

Name of applicant _____ Date: _____

Driver's License # _____ Age _____

Phone _____ Best time to reach you _____

Street Address _____ Apt/Floor _____

City _____ State _____ ZIP _____

How long have you live at this address? _____

Do you live in a house apartment duplex condo townhouse mobile home ?

Do you own or rent ? Landlord Name _____ Phone _____

Describe in detail the cat you're looking for _____

Are you currently employed? Yes No Employer's Name _____

How many adults _____ children _____ ages _____ in your household?

Who will be primarily responsible for the animal's care? _____

Who will care for the cat when you go on vacation or go out of town? _____

If you move, what will you do with the cat? _____

How many pets do you currently have? _____ Please list below what type and ages (that is, dog, cat, etc.)

Type of Animal	Name	Age	Sex	Spayed/Neutered	Indoor/Outdoor
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Both
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Both
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Both

Are your pets current on vaccinations? Yes No don't know

If you have cats, have they been tested for feline leukemia or FIV? Yes No don't know

Please list below your Veterinarian(s) for current and past owned pets:

Veterinarian's Name _____ Phone _____

Veterinarian's Name _____ Phone _____

What kind of pets have you had in the past?

Type of Animal	Name	Age	Sex	Spayed/Neutered	Indoor/Outdoor
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Both
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Both
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Both

CONTINUE TO OTHER SIDE

Yes No In Out Both

What happened to the pets you no longer have? _____

Where will this cat be kept during the day? Indoors Outdoors Indoors/Outdoors Garage
in the evening? Indoors Outdoors Indoors/Outdoors Garage

Where will the cat sleep? Indoors Outdoors Garage

Will this cat have the run of the entire house? Yes No If only access to certain areas, please describe: _____

How long on average will the cat be alone (without humans) during the day? _____

Have you ever sold, given away or surrendered a pet to a shelter or rescue? Yes No If yes, please explain: _____

Have you ever had a pet euthanized? Yes No If yes, please explain: _____

Do you know that cats require yearly health examinations by a Veterinarian and updates on vaccinations against rabies, feline leukemia and distemper? Yes No

If your adopted cat develops a serious illness, injury or health condition at some point in his/her life, are you prepared and willing to obtain necessary/appropriate medical care? Yes No

If your adopted cat develops a serious illness, injury or health condition that would require you to pay hundreds of dollars to obtain the proper medical care he/she needs, are you **financially able and willing** to do so? Yes No

Please list below two (2) personal references **who are not related to you, and do not reside with you**:

Name of reference #1 _____ Phone _____

Street Address _____ Apt/Floor _____

City _____ State _____ ZIP _____

Name of reference #2 _____ Phone _____

Street Address _____ Apt/Floor _____

City _____ State _____ ZIP _____

Adopting an animals is a great responsibility. You will be sharing your life with this cat for possibly 15 to 20 years, who is totally dependent upon you for love, food, shelter, clean up, regular grooming and veterinary care. This involves a financial commitment of hundreds of dollars a year. Are you willing and able to make this life-long commitment to an animal? Yes No

PLEASE READ AND SIGN THE FOLLOWING:

I certify that all information in this application is true, and I understand that false information may void this application. I give permission to PAWS to contact my personal and Veterinarian(s) references. I understand it is PAWS, Inc. policy not to release an animal to an applicant until all references are checked and applicants are approved. I also understand that a home visit may be required, and by refusing a home visit, adoption will be denied. Based on the outcome of the approval process, PAWS, Inc. has the right to deny adoption to any applicant. I understand it is PAWS, Inc. goal to place animals into **permanent homes** with individuals who will provide them with love, care and safety for the animal's entire lifetime. **Thank you for your patience during the screening of applications.**

Applicant _____ Date _____

Co-Applicant _____ Date _____