Paws For Life
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FELINE ADOPTION APPLICATION

PLEASE GIVE CAREFUL CONSIDERATION TO ADOPTING! BE SURE YOUR LIFESTYLE ALLOWS THE TIME, PATIENCE AND EXPENSE THIS PET WILL NEED. ADDING A PET TO YOUR FAMILY IS A 10 TO 15 YEAR COMMITMENT. ADOPTION FEE PAYABLE TO PAWS FOR LIFE IN THE FORM OF MONEY ORDER, CASH, OR CREDIT CARD. CHECKS NOT ACCEPTED FOR ADOPTIONS.

APPLICANTS INFORMATION *(please print clearly and answer all questions)*		
Applicants Full Name		**Are you over 18?**
Co-Applicants Full Name		**Relationship to Applicant**
Street Address, City, State, Zip		
Home Phone	**Cell Phone**	**Email**
Applicants Employer / Occupation		**Employer Phone**
Co-Applicants Employer / Occupation		**Employer Phone**

FELINE INFORMATION	
Name of Cat / Kitten you are applying for?	
Why do you want to adopt a Cat or Kitten? ☐ Family Pet ☐ Companion ☐ Gift ☐ Other	
If Gift or Other, please explain.	
What are you looking for in a Cat or Kitten?	
Age: ☐ 2 – 6 Months ☐ 6 – 12 Months ☐ 1 – 6 Years ☐ 7 Years +	**Sex:** ☐ Male ☐ Female ☐ No Preference
Coat: ☐ Short Hair ☐ Medium Hair ☐ Long Hair ☐ No Preference	**Color Preference:**
Personality: ☐ Playful ☐ Calm ☐ Shy ☐ Affectionate ☐ Lap Cat ☐ Likes Cats ☐ Likes Dogs ☐ Likes Kids	
Health Preference? ☐ Healthy Only ☐ Short Term Problems ☐ FIV+ ☐ Leukemia + ☐ Special Needs ☐ No Preference	
Where will the Cat or Kitten live? ☐ Indoors ☐ Outdoors ☐ Inside and Outside (*Please explain)*	
Do you have a Dog/Cat Door? ☐ Yes ☐ No	
Do you plan to Declaw? ☐ Yes ☐ No *(If Yes, please explain)*	
Who will be responsible for the care and expenses of the Cat or Kitten?	

When you travel where will the Cat or Kitten stay?

Did you know changing environments may cause the Cat or Kitten to have accidents or behavioral issues? ☐ Yes ☐ No

Are you willing to give the Cat or Kitten time to adjust to a new environment? ☐ Yes ☐ No

If Behavioral issues arise with your new Cat or Kitten, what actions will you take?

If you must move, what will you do with your new Cat or Kitten?

The cost of owning a cat typically runs from **$200** to **$700** per year for basic food, cat litter, routine veterinary care, vaccinations and boarding. If a cat is injured or gets seriously ill, extra veterinary care can cost hundreds to thousands of dollars.

Have you considered the extra expenses that will come with owning a new Cat or Kitten? ☐ Yes ☐ No

What reasons do you feel are valid for giving up a pet? ☐ Fleas ☐ Shedding ☐ Expenses ☐ Noisy ☐ Chewing/Clawing ☐ Destructive ☐ Bites ☐ New Baby ☐ Moving ☐ Marriage or Divorce ☐ Doesn't Listen ☐ Pets Medical Condition ☐ Don't Have Time For The Animal ☐ Would not Consider ☐ Other *(please explain)*

Have all household members met and agreed on a new Cat / Kitten? ☐ Yes ☐ No

PET AND VETERINARY HISTORY

Have you adopted from PAWS in the past? ☐ **Yes** ☐ **No** **If Yes, when?**

Have you ever had to give up ownership of a pet? ☐ Yes ☐ No
If Yes, please explain.

Do you currently have any pets? ☐ Yes ☐ No **If Yes, Please complete the information below.**

	Pet 1	**Pet 2**	**Pet 3**
Pet's Name			
Type of Pet / Breed			
Sex / Age			
Spayed or Neutered			
Up to Date with other Vaccines			
Indoor or Outdoor			
When did you get this Pet			

Current Veterinarian's Name and Telephone number?

Name of person on file with the Vet?

HOUSEHOLD INFORMATION

Is your residence: ☐ House ☐ Condo ☐ Apartment ☐ Mobile Home ☐ Duplex ☐ Other *(explain)*

Do you: ☐ Own ☐ Rent ☐ Live w/Parents ☐ Live w/Friends ☐ Other *(explain)*

If you live with Parents, Friends, or Rent – Do you have permission to have a Cat or Kitten? ☐ Yes ☐ No

If you Rent, please provide the Name & Telephone number of the Landlord.

Landlord Name	**Telephone**

How long at current residence?

Number of Adults in household?	**Number of Children in household?**

Please list all members living in household

Name	**Age**	**Name**	**Age**
Name	**Age**	**Name**	**Age**
Name	**Age**	**Name**	**Age**

ADDITIONAL INFORMATION

Please provide any additional information you would like us to know:

AGREEMENT AND SIGNATURE

By signing this application, I attest that the information provided is true and accurate and understand false information will result in denial of adoption. If an omission or untruth is discovered after an adoption takes place, Paws for Life reserves the right to annul the adoption and reclaim the animal. While Paws for Life makes every effort to ensure that all animals available for adoption are healthy, it is possible that any animal may have an underlying health issue unknown to PAWS or our veterinarian. I hereby authorize the Paws for Life to receive information from Veterinarians and others listed on this application.

Signature:	**Date:**

All Adopted Felines MUST leave the Shelter in a Pet Carrier

If for any reason you or your new feline are unhappy after the adoption, we ask that you wait at least 48 hours before returning the animal. If your feline is having trouble adapting to your home please call us with any questions.

PAWS USE ONLY

Approved By:	
Date Adopted:	
Medical Records Given:	
Adoption Agreement Signed?	
Received By:	
Denied By:	
Receipt # and Amount:	
Medical Records need to be mailed?	
Free Office Visit Given?	
Landlord /Assessor Verification?	

OTHER COMMENTS/CONCERNS: