

# Paws For Life

800 N. Pubelo Blvd  
Pueblo, CO 81003  
Phone: 719-543-6464  
Email: ContactUs@PawsPueblo.org  
Web: www.PawsPueblo.Org



## 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.**

<b>Date:</b>		<b>APPLICANTS INFORMATION</b> <i>(please print clearly and answer all questions)</i>	
<b>Applicants Full Name</b>		<b>Age</b>	
<b>Co-Applicants Full Name</b>		<b>Relationship to Applicant</b>	
<b>Street Address, City, State</b>			
<b>Home Phone</b>		<b>Cell Phone</b>	<b>Email</b>
<b>Applicants Employer / Occupation</b>			<b>Employer Phone</b>
<b>Co-Applicants Employer / Occupation</b>			<b>Employer Phone</b>
<b>FELINE INFORMATION</b>			
<b>Name of Cat / Kitten you are applying for?</b>			
<b>Why do you want to adopt a Cat or Kitten?</b> <input type="checkbox"/> Family Pet <input type="checkbox"/> Companion <input type="checkbox"/> Gift <input type="checkbox"/> Other			
<b>If Gift or Other please explain.</b>			
<b>What are you looking for in a Cat or Kitten:</b>			
<b>Age:</b> <input type="checkbox"/> 2 – 6 Months <input type="checkbox"/> 6 – 12 Months <input type="checkbox"/> 1 – 6 Years <input type="checkbox"/> 7 Years +		<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Preference	
<b>Coat:</b> <input type="checkbox"/> Short Hair <input type="checkbox"/> Medium Hair <input type="checkbox"/> Long Hair <input type="checkbox"/> No Preference		<b>Color Preference:</b>	
<b>Personality:</b> <input type="checkbox"/> Playful <input type="checkbox"/> Calm <input type="checkbox"/> Shy <input type="checkbox"/> Affectionate <input type="checkbox"/> Lap Cat <input type="checkbox"/> Likes Cats <input type="checkbox"/> Likes Dogs <input type="checkbox"/> Likes Kids			
<b>Health Preference?</b> <input type="checkbox"/> Healthy Only <input type="checkbox"/> Short Term Problems <input type="checkbox"/> FIV+ <input type="checkbox"/> Leukemia + <input type="checkbox"/> Special Needs <input type="checkbox"/> No Preference			
<b>Where will the Cat or Kitten live?</b> <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Inside and Outside <i>(Please explain)</i>			
<b>Do you plan to Declaw?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please explain)</i>			
<b>Who will be responsible for the care and expenses of the Cat or Kitten?</b>			
<b>If and when you travel where will the Cat or Kitten stay?</b>			
<b>Did you know changing environments may cause the Cat or Kitten to have accidents or behavioral issues?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Are you willing to give the Cat or Kitten time to adjust to a new environment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If Behavioral issues arise with your new Cat or Kitten, what actions will you take?</b>			
<b>If you have to move what will you do with your new Cat or Kitten?</b>			
The cost of owning a cat typically runs from <b>\$200</b> to <b>\$700</b> 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.			
<b>Have you considered the extra expenses that will come with owning a new Cat or Kitten?</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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  
 No Time  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 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
<b>Pet's Name</b>			
<b>Type of Pet / Breed</b>			
<b>Sex / Age</b>			
<b>Spayed or Neutered</b>			
<b>Up to Date with other Vaccines</b>			
<b>Indoor or Outdoor</b>			
<b>When did you get this Pet</b>			

**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 Name & Telephone number of 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 is 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.

## HSFC USE ONLY

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

**Other Comments/Concerns:**