



Adoption Application

Thank you for your interest in saving a life!

This application is very thorough and should take about 15-30 minutes to complete. Please only take the time to fill out this application if you are serious about adopting a life-long friend and can commit to the necessary costs to care for the cat.

Completing this application does not guarantee an adoption.

Our goal is to match our cats with the best family for their specific needs.

Cat Name(s)	If you want to adopt more than one cat, please include all names. If you are undecided, please say "unsure."
Primary Adopter	
Name	
Phone	Email*
	*We may contact you via email. Please enter an email address that's checked regularly.
Employer	
Other options: Unemployed, retired, N/A (not applicable)	
Co-Adopter	
Name	
Phone	
Employer	
Residential Information	
Address	
City	State/Zip
☐ House ☐ Apartment ☐ Condo ☐ Mobile H	lome
Do you rent or own your home?	·
Name	Phone
How long at the address above?	If less than 2 years, please list your previous address below:
Address	
City	State/Zip

Besides your immediate family, are there others residing in your home? ☐ Yes ☐ No



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Is there a chance that you will be moving or leaving your current address for an extended period of time within the next two years? If yes, please explain.
What would you do with your new cat if you moved or were forced to move?
What will you do if your new cat scratches the furniture or drapes, dumps trash, or is otherwise full of mischief?
Will you declaw your new cat? ☐ Yes ☐ No ☐ Unsure

Your Current Pets

Skip this section if you currently have no other pets.

	Pet's Name	Species	Age	Indoor/Outdoor?	Spayed/Neutered?	Vaccinated?
1				☐ Indoor only ☐ Outdoor only ☐ Indoor/Outdoor	□ Yes □ No	□ Yes □ No
2				☐ Indoor only ☐ Outdoor only ☐ Indoor/Outdoor	□ Yes □ No	□ Yes □ No
3				☐ Indoor only ☐ Outdoor only ☐ Indoor/Outdoor	□ Yes □ No	□ Yes □ No
4				☐ Indoor only ☐ Outdoor only ☐ Indoor/Outdoor	□ Yes □ No	□ Yes □ No
5				☐ Indoor only ☐ Outdoor only ☐ Indoor/Outdoor	□ Yes □ No	□ Yes □ No

Your Current Pets (Continued)

Do you have a separate room/space i your other animals? Please explain.	in your home to keep your new cat while you slowly introduce them to
tious disease (Feline herpes virus, FIV.	infectious disease, or have you had any pets in the past with an infec-/FeLV, etc.)? If yes, please explain.
REFERENCES	
Current / Future Veterinarian's Name	
Veterinarian Phone Number	
Character References	
1. Name	Phone
2. Name	Phone
Please read and initial each of the	he following:
I certify that the information prov	ided on this form is true and correct.
I am financially able to care for the	nis animal.
	ly! As you sign this form, if you have any doubts that your new cat a remaining days, please sleep on your decision, for their sake.
Consider what these animals ha love, happiness, safety, and con	ive already been through, and make sure they only receive sistency from here on out.
	at I am at least 18 years of age and that I have read and understood this d cat as part of my family and will care for it throughout its remaining days.
Signature	Date