



Cat Adoption/Foster Application

Name of Cat(s) applying for: Adoption Foster
 Applicant Name:
 Address: City: State: Zip:
 Home Phone: Work Phone:
 Home E-mail: Work E-mail:
 Employer: Occupation:

1. Have you ever adopted an animal from a rescue/animal control agency? Yes No
 - a. Have you ever had an application rejected for adoption of an animal from a rescue/animal control facility? Yes No If Yes explain
2. Why do you want to adopt a cat?
3. What do you think are the most important responsibilities in owning a cat?
4. If a disciplinary or behavior problem arises, what steps will you take to work on it?
5. Does any member of the family have any allergies to animals? Yes No If Yes explain
6. For whom are you adopting the cat? Self Gift
7. Have you ever owned a pet before? Yes No

8. Describe those pets you still own or that are living in your household (if not your own, please note that):

Name	Type	Sex (spay/neuter?)	Comments

9. Describe those pets you no longer own:

Name	Type	Sex (spay/neuter?)	Where are they now? Date and age at death/give away

10 List name & phone # of each vet where your animal(s) received care over the last 10 years:

Clinic name(s):
 Doctor(s):
 Phone # with area code (for each):
 What owner name(s) are records listed under:
 Date of last vet visit:

11. Do you have a different vet in mind for your new pet? Yes No
 - a. if yes, who:
12. What precautions would you take to properly introduce a new cat to your home if you have other animals (a dog, bird, rabbit, another cat, etc.)?
13. How much do you expect vet care, food, litter will cost annually?
 - a. what kind of food do you plan to give your cat?

14. Under what circumstances would you return a cat? (i.e. loss of job, medical issues, change in family status, etc.)
15. Have you ever given up an animal before? Yes No If yes, please explain
16. How many people currently reside in your household?
 a. any children in the household? Yes No List ages
17. Who will feed the cat and clean out the litter box?
 a. where do you plan to put the litter box?
18. Are you planning on declawing? Yes No Not Sure Explain
19. Where do you live?
 house townhouse duplex condo apartment trailer
20. Do you own or rent your residence? Own Rent
 a. if rent, name of landlord and phone number?
 b. are pets allowed? Yes No Not Sure
 c. is there an additional charge for pets? Yes No Not Sure
21. Where will the cat be kept? indoors only outdoors only both in/out (explain briefly)
22. Will anyone be home during the day? Yes No
 a. how many hours will the cat be left unattended?
 b. when no one is home, where will the cat be kept?
23. When you are home, where will the cat be kept?
 a. where will the cat sleep?
24. How frequently do you make business/vacation trips?
 a. What will you do with the cat when you travel?
25. If you move, what will you do with the cat?
26. Are you or your spouse with the military? Yes No
27. Are you aware of the Partnership's spay/neuter policy (requires that all dogs/cats in household be spayed or neutered)?
 Yes No
28. Are you aware of the adoption fees (cats, \$105 nonrefundable donation – kittens \$70 nonrefundable donation + \$35 spay/neuter deposit which is refunded when Partnership receives proof of spay/neuter)? Yes No
29. Please list what kind of routine veterinary care you plan to provide for your cat (including flea control, shots, etc., if known)
30. Are you familiar with your local animal control laws? Yes No
31. Are you willing to sign legal pet adoption papers? Yes No
32. Please list any preferences you have in adopting a cat (age, sex, breed, personality):

I pledge that the above information is true and complete. Further, I give permission to PAW to contact my landlord and my veterinarian (as appropriate).

Signature _____ Date _____

Note: Because we are a small group of volunteers, we are not able to return calls on every application. If you have not heard from us within 7 days, please assume that we have adopted this animal.