

**ADOPTION APPLICATION**

Name \_\_\_\_\_ Driver Lic. No./State \_\_\_\_\_

Address (no PO Box) \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell or Alternate Phone \_\_\_\_\_

Please indicate if you: Own home \_\_\_\_\_ Rent \_\_\_\_\_ (If rent, please provide Landlord/Property Mgr. name \_\_\_\_\_ and phone # \_\_\_\_\_)

**List Household Members:**

**Human:**

Number of adults \_\_\_\_\_ Relationship(s) \_\_\_\_\_

Number of children \_\_\_\_\_ ( list ages) \_\_\_\_\_

**Animals:**

Total number \_\_\_\_\_ Number of: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other \_\_\_\_\_

**Please provide details on current animals:**

Species    Age    Gender    Spayed/Neutered    (for Cats)Declawed: Yes \_\_\_ No \_\_\_

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**Past Animal History:**

Species    What happened to animal (deceased/ran away, gave away/other, describe)    If deceased, age at death and cause

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**Please describe your household:**

Quiet/Serene \_\_\_\_\_ Some Activity \_\_\_\_\_ Grand Central \_\_\_\_\_

How many hours a day on average would animal be left alone? 2-5 \_\_\_\_\_ 6-10 \_\_\_\_\_ more than 10 \_\_\_\_\_

**Cat will be kept:** Indoors only \_\_\_\_\_ Indoor/Outdoor \_\_\_\_\_ Outdoors \_\_\_\_\_

**Describe what you are looking for in a cat:**

**Size when adult:** Small/Med (Under 12 lbs) \_\_\_\_\_ Medium/Large (13-20 lbs.) \_\_\_\_\_ No Preference \_\_\_\_\_

Coat: Short \_\_\_\_\_ Medium \_\_\_\_\_ Long \_\_\_\_\_ No Preference \_\_\_\_\_

Age: Kitten (up to 16 wks.) \_\_\_\_\_ Teenager (5-12 mos.) \_\_\_\_\_ Young Adult (1-5 yrs.) \_\_\_\_\_ Adult/Mature (over 5 yrs.) \_\_\_\_\_

**Activity Level:**

Quiet Lap Kitty \_\_\_\_\_ Cuddly but playful, too \_\_\_\_\_ Interactive/chatty \_\_\_\_\_ Very Playful \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ No Preference \_\_\_\_\_

**Special concerns, requirements, likes and dislikes, what you want and do not want in a cat:**

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How would you address behavior such as biting, inappropriate urination or furniture scratching? \_\_\_\_\_

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Under what circumstances would you get rid of or relinquish a cat? \_\_\_\_\_

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**Veterinary Reference:** Dr/Clinic \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

**Personal References, list two:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Today's Date:** \_\_\_\_\_ **Signed or submitted by (Your Name)** \_\_\_\_\_

**CatPAWS Use only** Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Comments \_\_\_\_\_