



PAWS Cat Application

PLEASE PRINT CLEARLY

Date: _____

Adopter Identification

Name:		Email:	
Address:		City/State:	Zip:
Primary Phone:		Other Phone:	
Occupation:		Company Name:	
Drivers License:	State:	Date of Birth:	

Current Pet Interest

Name of cat you are currently interested in adopting:

What type of pet are you looking for? *Circle all that apply below:*

Companion	House Cat	Outdoor Cat	Gift	Barn Cat	Mouser
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If this pet is a gift, who is it for? Do they know they are getting a pet as a gift? Y N

Pet History

Current Veterinarian/Clinic: _____ Phone: _____

If you have not used a vet in the past three years, whom do you intend to use?

List the pet(s) currently in your home:

Type of Animal	Name	Male/Female	Fixed Y/N	Inside/Outside	Age	Years Owned

List the pet(s) you have had in the past:

Type of Animal	Name	Male/Female	Fixed Y/N	How Did You Get The Animal?	Years Owned	What Happened To The Animal?

Have your animals had litters of puppies or kittens? Y N How many litters?

How many litters were intentional? What happened to them?

Adoption Preparedness

Do you: Rent? Own? If renting: Apt House Condo Duplex Mobile/Court If renting, are pets allowed? Y N

Landlord Name: _____ Phone: _____

How do you feel about spaying/neutering your pets?

Does everyone in the household want and agree to adopt this pet? Y N If no, who does not?

Have you ever had a pet diagnosed with heartworms? Y N Do you know about heartworm preventative? Y N

Will you use heartworm preventative? Y N What kind of heartworm preventative will you use?

Adoption Preparedness (cont.)

Is anyone home during the day? Y N If so, who? Ages of children, if any:

What would happen if this pet developed behavior problems that your felt your could not handle?

Cats/Kittens cost Hundreds to Thousands per year. Are you financially prepared for pet ownership? (emergencies, food, shots, vet visits, shelter, grooming) Y N

What will you do with this pet if you are no longer able to afford it?	
Are you aware that all pets need yearly vaccinations? Y N	
ADOPTING A KITTEN? Are you aware that most kittens require vet care immediately after adoption to finalize the 4 sets of kitten shots and rabies vaccination required to assure their health? Y N	
What will you do if this pet becomes sick or injured?	
Where will you keep the litter box?	
How will this pet be cared for if you are gone for a week?	Where will this pet stay at night?
Does anyone in the household have animal allergies? Y N	Kind of allergy?
Do you anticipate relocating within the next two years? Y N	Is so, what will happen to this pet?
Have you ever taken a pet to a shelter? Y N	If so, why?
Are you willing to make a lifetime commitment to this pet? Y N	What circumstances would cause you to give up this pet?
A member of PAWS may visit your home (without an appointment) after the adoption is final. Is that OK? Y N	
REFERENCES: List two references unrelated to you (name/title/phone)	

RELEASE OF OWNERSHIP:

I hereby certify that the information on this application is true. I understand that should I adopt an animal from PAWS, falsification of any information may result in my returning the animal to Plaquemines Animal Welfare Society.

Signature:	Printed Name:	Date:
PAWS Representative Signature:	Printed Name:	Date:

Approved? Y N

Adoption Price:\$_____