



Pet Adoption & Welfare Society (PAWS)
P. O. Box 2440 • Burlington NC • 27216
Phone: 336.565.8610 Fax: 336.227.8839
Email: pawsburlington@gmail.com

Cat / Kitten Adoption Application

Name _____ Age _____ Phone _____

Co-Applicant _____ Age _____ Phone _____

Address _____ City _____ State _____ Zip _____

Please indicate where you live: House Townhouse Condo Apartment Trailer/Mobile Home

Do you Own Rent How long have you lived at this address? _____

How many times have you moved in the last 5 years? _____

If you rent, does your landlord allow pets? No Yes Amount of pet deposit _____

Is there a pet limit? No Yes How many? _____

Are you willing to allow a representative from PAWS to visit your home by appointment? Yes No

Are you: Working Retired Attending School Homemaker

Other _____

Applicant Employer's Name _____ Work Phone _____

Phone _____ Occupation _____

Working Hours _____

Co-Applicant Employer's Name _____

Work Phone _____ Occupation _____

Working Hours _____

Please check any of the following reasons for adopting this cat:

Family Pet Child's Pet Gift Companion Mouser Companion for other pet

Other, please specify _____

Will this cat be a surprise for anyone?

No Yes - Who? _____

Is everyone in the household in favor of adopting this cat? No Yes

Are there any other adults living in the household? No Yes If yes, please list below :

1.

Name _____ Relation _____ Age _____

2.

Name _____ Relation _____ Age _____



Are any members of your household allergic to cats? No Yes

What steps will you take to accommodate the pet(s) and the household member? _____

Do you or any member of your household have a serious or life threatening illness? No Yes If yes, please explain _____

How many children are in your household? _____ Please list ages: _____

How will you handle interaction between the new cat and your children?

Who will be responsible for the daily care of your new cat? Self Spouse Children Roommate

Do the primary caretakers for the household pet(s) travel often? No Yes

When traveling, who will take care of your pet(s)?: _____

PLEASE LIST ALL CURRENT PETS:

Type of pet Name

Type of Pet	Name	Spayed or Neutered?	Age	Current on Vaccines?

Please list any additional pets at the bottom of the last page of this page.

Veterinarian's Name _____ Phone _____

Address _____ City _____ State _____



Are any of your current cats or have any of your previous cats been declawed? No Yes

Will you declaw your new cat? No Maybe Yes

Please explain _____

If your cat develops an expensive medical problem what would you do?

What are the maximum number hours the cat will be left alone on a typical day? _____

What percentage of time will the cat live indoors? _____%

Do any of your current pets spend any time outdoors? No Yes

Why? _____ Do you have a pet door? No Yes

How will you handle litter box training/problems?

How will you handle scratching and or destruction issues?

Where will your new cat stay when you are not home?

Garage Basement Outdoors Free run of the house One room of the house

Other: _____

Which circumstances, in your mind, justify giving up a cat?

- | | | |
|---|--|----------------------------------|
| <input type="radio"/> Cat's Medical Problems | <input type="radio"/> Personal Medical Problems | <input type="radio"/> Moving |
| <input type="radio"/> Ruining Furniture | <input type="radio"/> Scratching | <input type="radio"/> Aggression |
| <input type="radio"/> Divorce | <input type="radio"/> New Baby | <input type="radio"/> Spraying |
| <input type="radio"/> Shedding | <input type="radio"/> Allergies | <input type="radio"/> Lost Job |
| <input type="radio"/> Marriage | <input type="radio"/> Children Losing Interest | |
| <input type="radio"/> Not Getting Along With Other Pets | <input type="radio"/> Not Getting Along With Child | |

Explain _____

Would you try to fix the problem? No Yes

How? _____

Have you ever given up a pet in the past? No Yes,

Please explain _____



If you date or marry someone who does not like or want cats, what will you do?

If you date or marry someone who is allergic to cats, what will you do? _____

Would you ever consider moving somewhere that does not allow pets? No Yes

Do you foresee any major changes in your life in the next 15 years? (i.e. marriage, childbirth, etc.)

No Yes If yes, please explain _____

Can you provide a permanent loving home for this cat for 15 years or more? No Yes

REFERENCES:

Name	Address	Phone #	Relationship

I am attesting to the truthfulness of my answers. Falsification of any of the above information will be grounds for disallowing the adoption of the rescue cat and possible removal of said cat from my home. I consent to a PAWS representatives discussing information on this application with any persons named on this application. Applicants must be 21 years of age or older. PAWS reserves the right to refuse any applicant for any reason. All completed applications become the property of the Pet Adoption & Welfare Society (PAWS)

Signature of Applicant

Date