

PAWS People for Animal Welfare in the South

Adoption Application for a Cat

Thank you for coming to adopt a pet! We will do our best to find the right pet for you but we need your help. If you are here to adopt a dog or cat, please take a few moments to carefully read and complete this application. If you don't find an animal you like, we will keep your application on file for 6 months and you will be welcome to return as often as you wish.

The decision to adopt a pet is an important one. In order to insure that you and your pet will be happy for years to come, we need to take time to discuss yours and the animal's individual needs, personality traits, and our follow-up services and training.

Before you begin your interview with an adoption counselor, please note that you:

- Must be prepared to pay a fee: \$65.00 and UP for a cat
- Must have two forms of identification
- Must provide the name and telephone number of a personal reference we can reach on the phone during the interview process.

(In addition, we will need to speak to all adults currently residing in your household.)

Please understand that we cannot guarantee the health of our animals. We cannot guarantee that an animal has had training or is housebroken. PAWS reserves the right to deny any application. *Thank you for your patience and cooperation*

Signature of Adopter

Date

PERSONAL DATA

Name			Spouse or Partner's Name			
Home Address		Apt.	City	State	Zipcode	Home Phone ()
Are You: <input type="checkbox"/> Working <input type="checkbox"/> Retired <input type="checkbox"/> Attending School <input type="checkbox"/> Homemaker <input type="checkbox"/> Other						
Employer's Name		Work Phone ()		Spouse or Partners Employer's Name		Work Phone <input type="checkbox"/> ()
Address		Working Hours		Address		Working Hours
E-Mail Address						

HOUSEHOLD INFORMATION

Are there any other adults living in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list below the other members of the household				
Name	Employer's Name	Address		Work Phone	Working Hours	
1.				()		
2.				()		
3.				<input type="checkbox"/> ()		
4.				<input type="checkbox"/> ()		
Maximum number of hours pet will be left alone daily?		Who will be responsible for the pet? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Children <input type="checkbox"/> Roommate				
How many children are at home:		List ages here:				
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent		Does your landlord/lease or co-op allow pets? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have screens on your windows? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Where will your pet be kept primarily? <input type="checkbox"/> Inside <input type="checkbox"/> Outside		Are you moving? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?				
Are any members of your household allergic to pets? <input type="checkbox"/> Yes <input type="checkbox"/> No						

PET INFORMATION

List below any pets you have owned in the past 5 years:					
Type of Pet	Age	Spayed/Neutered	How long did you have the pet?	Do you still have this pet? If not, where is it?	
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If there are pets living with you now, have they been vaccinated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?					
Veterinarian's Name			Address		Phone # ()

PHONE REFERENCES (Not living with you, but can be reached by telephone during interview.)

Reference Name	Address	City, State, Zipcode	Phone #
1.			()
2.			()

YOU AND PAWS

Have you applied to adopt from PAWS before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?					
How did you hear about our adoption service?		Which one?		What Show?	
<input type="checkbox"/> Newspaper <input type="checkbox"/> Internet		<input type="checkbox"/> Friend <input type="checkbox"/> Bus Ad		<input type="checkbox"/> TV <input type="checkbox"/> Other	
I would like to: <input type="checkbox"/> become a member of PAWS <input type="checkbox"/> volunteer at PAWS					

Name of animal I'm applying for: _____

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PREFERENCES	EXERCISE
<p>I like cats that have: <input type="checkbox"/> short hair <input type="checkbox"/> medium hair <input type="checkbox"/> long hair <input type="checkbox"/> Any</p> <p>I prefer a <input type="checkbox"/> male <input type="checkbox"/> female cat.</p> <p>Please describe the temperament & activity level you are looking for in a cat. Check all that apply.</p>	<p>I prefer a cat whose energy level is <input type="checkbox"/> high <input type="checkbox"/> medium <input type="checkbox"/> low</p>
<p><input type="checkbox"/> Zippy, high energy, kitten like <input type="checkbox"/> mellow, easy-going <input type="checkbox"/> a lap cat <input type="checkbox"/> very affectionate <input type="checkbox"/> responsive <input type="checkbox"/> independent <input type="checkbox"/> talkative <input type="checkbox"/> quiet</p> <p>Someone in my home is nervous or unsure of cats ... <input type="checkbox"/> very <input type="checkbox"/> moderately <input type="checkbox"/> some <input type="checkbox"/> N/A</p> <p>I have <input type="checkbox"/> indoor cat(s), <input type="checkbox"/> in/out cats, <input type="checkbox"/> dog(s) <input type="checkbox"/> other pets _____</p> <p>The noise/activity level in my home is usually <input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high.</p> <p>When it comes to keeping a clean and tidy house I am: <input type="checkbox"/> veryparticular <input type="checkbox"/> particular <input type="checkbox"/> easy-going</p> <p>I need a cat that will tolerate being alone _____ hours a day. <input type="checkbox"/> weekends <input type="checkbox"/> for frequent shorts trips</p> <p>I would enjoy brushing or grooming my cat: <input type="checkbox"/> rarely <input type="checkbox"/> occasionally <input type="checkbox"/> daily <input type="checkbox"/> weekly</p>	<p style="text-align: center;">GENERAL</p> <p>My ideal cat would:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Bad cat habits that I just can't tolerate are:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Please tell us anything else you would like us to know about you or the cat you are looking for:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

PAWS
People for Animal Welfare
in the South
P.O. Box 822
Donalsonville, GA 39845
229-524-8890