

Adoption Application for PurrfectLittlePaws

Date: _____ Interested in cats, kittens or specific cat/kitten _____

How did you hear about PurrfectLittlePaws? _____

Are you planning to adopt soon, or just looking at this time? _____

Applicant Information

Name _____

Age:

Under 21 21-35 36-50 51-65 66-75
76+

Address: _____ Apt.# _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Your Home Information

How long have you lived at this address? _____

Do you own or rent? _____ House __ Condo __ Apt __ Townhouse __

If you own the property, is there a Declaration/Rules/Association policy regarding pets? _____

If renting, are you permitted to have pets? _____ How many pets are permitted? _____

Landlord name: _____ Phone: _____

Do you live with relatives? _____ How long do you plan to live with them? _____

Do you have permission from those relatives to have a pet? _____

Your Household Information

Does anyone in your present household have any on-going medical conditions (including allergies) that might interfere with pet ownership? _____

If yes, please explain _____

Cats currently residing in your home (list all cats)

Name

Age

Indoor/outdoor

Or both

Spayed/Neutered

Declawed

Date of last vaccines

Personality of cat

Other pets currently residing in your home (list all pets)

Names

Ages

Species

Spayed/Neutered

Date of last vaccines

Personality of pet

All your previous pets - no longer with you - within the past 5 years Starting with the most recent.

Name _____

Species

(cat or dog)

How old was he/she when you got him/her? _____

How old was he when he no longer lived with you? _____

Why is he no longer with you? _____

Put to sleep for medical reasons - given away-ran away-given to shelter-had fatal accident-died on his/her own

Cat Questions:

1. Where will this cat be kept? _____

2. Are you committed to providing a permanent home for the lifetime of this cat? _____

3. How do you feel about declawing your cat? Definitely yes _____ Definitely no _____
maybe _____ Need advice _____

4. Are you prepared to pay for vet bills when your cat requires medical attention and routine care? _____

References:

Veterinary Clinic Name: _____ City/state: _____ Phone: _____

I certify the information provided is complete and correct to the best of my knowledge. I give my permission for any of this information to be verified. I understand that PurrfectLittlePaws has the right to deny any adoption for any reason. That filling out this form does not automatically entitle you to adopt a cat from PurrfectLittlePaws.

Signature of applicant: _____ Date: _____

Office use only:

Name of person doing intake: _____ Notes: _____

