



CAT ADOPTION APPLICATION

This application MUST be completed by anyone interested in adopting a pet from PAWS Atlanta. PAWS Atlanta reserves the right to refuse an adoption for ANY reason. All applicants must be 21 years or older and provide a valid ID. We want this to be a wonderful experience for you and your family, but our first responsibility is for the health, welfare, and happiness of the animals in our care.

Personal Information

Name: _____

Home Address: _____

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

Home Phone: _____ Work Phone: _____

Other: _____

Occupation: _____

Email: _____

Would you like to receive invitations to PAWS Atlanta events and fundraisers? _____

Will the animal live at the address above? Yes No

If "No", please give address where the animal will live: _____

Home Information

Type of Home: _____

Do you Own Home Rent Home

Landlord's Name: _____ Phone Number: _____

Pet Deposit Required \$ _____

** Proof of residence must be provided before adoption. PAWS Atlanta reserves the right to contact landlord or apartment complex to verify information**

How long have you been at this residence? _____

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

How many adults live in the home? _____ Children? _____ Ages of Children _____

Does any member of the household have pet allergies? Yes No

Animal Ownership History

How many cats have you had in the past? _____

If any, please describe what happened to each of them: _____

Please list all pets and species/breeds of animals currently living in the home: _____

Are your current cats and dogs spayed or neutered? Some All None

Are the animals current on their vaccinations? Yes No

Name of Veterinarian _____

Have you ever had a cat for a short time (less than six months) and it didn't work out? Yes No

If yes, please explain the circumstances and what happened to it _____

Do any of your pets now live, or have lived in the past, primarily outdoors? Yes No

If yes, please describe pet and its living conditions _____

Have any of YOUR pets (not strays) been picked up by or taken to animal control? Yes No

If yes, why? _____

****PAWS Atlanta reserves the right to check county animal control records****

Current Pet Owners

Where does your current pet stay when home alone during the day? _____

Where does your current pet sleep at night? _____

Is your current pet on heartworm prevention? Yes No

If yes, how often do you give the heartworm medication? _____

What brand do you use? _____

Is your current pet on flea and tick prevention? Yes No

If yes, how often do you give the preventative? _____

What brand do you use? _____

Plans for This Animal

With this pet, how many animals will live in the household? _____

Why do you want another animal? (Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Companion | <input type="checkbox"/> Companion for Another Pet |
| <input type="checkbox"/> Pet for Child | <input type="checkbox"/> Breeding |
| <input type="checkbox"/> Pet for Family | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Gift for Adult | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Gift for Child | |

Are you looking for a: Male Female Either

Do you prefer a: Kitten Adult Either

Do you prefer a cat to be: Spayed/Neutered NOT Spayed/Neutered No Preference

**** If you have specified that you want a kitten, please reconsider adopting an adolescent or adult cat. The kitten stage only lasts for about six months and comes with much added responsibility. Adult cats are terrific too and bond just as well with their adoptive families. Older animals are the ones that really need rescuing.****

Where will your new cat stay when alone during the day? _____

Where will your new cat sleep at night? _____

What percentage will the cat spend inside % _____ outside% _____

How many hours will the cat be alone each day? _____

Why have you chosen this particular cat? _____

What circumstances, do you think, justify giving a cat up?

- | | |
|--|---|
| <input type="checkbox"/> Moving | <input type="checkbox"/> Children lost interest |
| <input type="checkbox"/> New baby | <input type="checkbox"/> Too time consuming |
| <input type="checkbox"/> Not getting along with other pets | <input type="checkbox"/> Shedding |
| <input type="checkbox"/> Marriage/Divorce | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Getting out of fence | <input type="checkbox"/> Biting/Scratching |
| <input type="checkbox"/> Behavioral problems (litter training issues, destroying furniture, etc) | |
| <input type="checkbox"/> Other (please explain) _____ | |

Are you planning to declaw this cat? Yes No

Are you prepared to provide a safe and permanent home for this cat for the next 10 to 15 years (average lifespan of a cat)? Yes No

Medical Information

What do you expect annual pet care (vet care, medication, grooming, etc.) to cost yearly?

What do you expect to pay in the event of a medical emergency? _____

How do you plan to prevent fleas and ticks? _____

If your cat later develops a medical problem that becomes expensive what would you do?

- Find another home for him
- Pay whatever it takes
- Other (please explain) _____
- Have him put to sleep
- Give him to a rescue group or shelter

I agree to allow a PAWS Atlanta agent to inspect my home upon appointment. Yes No

PAWS Atlanta will work with owners to keep the animal in the home as long as a safe and loving environment can be provided there. However, if you find it absolutely necessary to relinquish the animal, you agree to return the animal to PAWS Atlanta and bring all paperwork and identification tags obtained, as well as, any paperwork or veterinary records obtained after the adoption.

How did you hear about PAWS Atlanta? _____

References:

Please list below the names and phone numbers of three friends, relatives, co-workers or neighbors.

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

With my signature below, I hereby attest that all of the information given in this application is true and accurate to the best of my knowledge.

Signature _____ Date _____

Print Name _____