



Please complete the following application for adoption consideration. Application must be completed in it's entirety.

Today's Date: _____

Name: _____

Email: _____

Which animal are you interested in? _____

Which dog or cat are you interested in if not shown on the drop down menu? _____

Name _____

House number and street address _____

Email address _____

Contact number _____

Occupation _____

Employer _____

Work phone _____

Hours per week _____

Do you have any children? Yes No

If so, ages? _____

Is adopting a FAMILY decision? _____

Does anyone in your household have allergies? If so, please specify who and what type. _____

4 Paws 4 Rescue
Cat Adoption Application

Please describe your household activity level: Low Moderate Active Very Active

Who will be the primary caretaker? _____

If you rent please provide landlord name and contact number. _____

Please describe your living arrangements: Living with parents Own Rent

Has your landlord been informed that you intend on adopting a cat? Yes No

Are you aware of the fact that if your pet is on another's property, they have the legal right to trap your pet?
Yes No

If you must relocate, what will you do with your pet? _____

Who will take care of your pet while you are on vacation? _____

Have you ever owned a cat before? Yes No

Is the residence listed above where your new pet will be living? Yes No

Housing type: Apartment Condo House Mobile Home

Will the cat be? Indoor Outdoor Indoor/Outdoor Cat door

Where will your cat sleep? (ie, in the house, in the garage, etc) _____

Who will be responsible for providing meals on a regular basis? _____

How do you plan to transport your pet in a vehicle? _____

Would you agree to your property being checked to ensure it is secure for a pet? _____

How will you litter box train your cat if not already trained? _____

What will you do if your cat develops behavior problems? _____

How would you handle aggression, spraying or not using the litter box? Please address each behavior. _____

Scratching furniture or drapes? _____

Will you provide scratching posts? Yes No

Will you declaw this cat, if approved to adopt? Yes No

Current Pets (all pets in the household should be listed) _____

Current Pet Up to Date on Vaccines? *We WILL contact your vet to verify up to date vaccinations and month preventives. Please contact your vet to allow them to release this information to our group. Please also make sure to note if the pet is listed under a different owner name or an adoptive name. If info is not accurate it will delay your application. Yes No

Current Pet Spayed/Neutered? Yes No

Clinic name _____

Current Vet Name and phone number _____

Clinic address _____

Clinic phone number _____

Past Pets *all past pet experience should be listed (include breed, sex, age) _____

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Please explain why you no longer have them _____

If you do not have a current vet please list the name of your intended vet: _____

Have you ever adopted from a rescue group or shelter before? Yes No

Have you ever surrendered or rehomed an animal before and if so, why? _____
