



Cat Adoption Form (Please Print)

Date ___/___/___ Cat Name/Description _____ Cat ID # _____

Name (s) _____

Address _____ City _____ State _____ Zip _____

Email Address (**Mandatory for Microchip Registration**) _____ @ _____

Cell phone: Home phone: Work phone _____

Best way to be reached by phone? Cell Home Work

Best time of day to be reached? Morning Afternoon Evening

Do you: Own Rent

Do you live in: House Apartment Condo Mobile Home Other

If renting, please provide Landlord Name & Number: _____

We welcome adopters who rent, or live in an apartment or condo. We want to alert you that some landlords and management companies have size and breed restrictions, limits on number of pets, and/or require pet deposits or additional fees.

Children in Household/Visit: 1-4 yrs. 5-8 yrs. 9-12 yrs. 13 yrs. & older None

Are you moving within the next year? Yes No - If yes, will you take the cat with you? Yes No

Is anyone in the home allergic to dogs or cats? Yes No

Have you ever relinquished an animal to an animal shelter or individual? Yes No

If yes, please explain: _____

Have you adopted any pet(s) from a different shelter? Yes No

If yes, Where? _____

Have you ever adopted from the Bea Martin Peck Shelter or Prairie Paws? Yes No

If so, when? _____

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

My cat will be alone for: 1-4 hours 5-8 hours 9-12 hours Longer than 12 hours

Under what circumstances would you not be able to keep the cat?

Divorce/Separation New Baby New Job Allergies New Relationship Illness Preferring One Person Over Another Under No Circumstances

Other: _____

My cat will primarily live: Inside Outside Half & Half Will be able to come and go as it wishes

Please tell us about your current pets: (please list all pets in household)

Name – Breed – Age:

Dog(s) _____

Cat(s) _____

Have you owned a pet within the last 5 years that is not listed above? Yes No

If yes, please list and explain: _____

Are your pets spayed/neutered? Yes No

Do you have a Veterinarian? Yes No If yes, please provide Veterinarian information below:

Name: _____ Location: _____

Phone: _____ Name Records Are Under: _____

Other info you want to share?

By signing this application, I attest that all questions were answered truthfully to the best of my knowledge. If the Prairie Paws Animal Shelter finds any discrepancies at any time, this could result in the animal's retrieval or cancellation of the application. I hereby acknowledge that the questions and responses in this application are fully incorporated as set forth within the Adoption Agreement and are a part of the contractual agreement I am voluntarily entering into with the Prairie Paws Animal Shelter.

Signature _____ Date _____

For Office Use Only

Notes: _____

Date: _____ Approved _____ Initials _____

Denied (Why?) _____ Initials _____