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 ______________