

# Purrs And Whiskers Shelter, INC.



Email: [paws50@bellsouth.net](mailto:paws50@bellsouth.net)

Phone: 321-477-3086

The following information is requested so we can assist you in the selection of a new cat. The cat's welfare is our foremost consideration. The application is designed to help us determine if the adoption is in the cat's best interest, and to assist you in finding a cat most compatible with your lifestyle.

Adoption application for (name or description of cats) \_\_\_\_\_

Name \_\_\_\_\_ Spouse's Name and DOB \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ DOB \_\_\_\_\_ exp \_\_\_\_\_

Phone \_\_\_\_\_ Pager/Cell \_\_\_\_\_ Email \_\_\_\_\_

Place of employment \_\_\_\_\_ How long? \_\_\_\_\_ Phone \_\_\_\_\_

Spouse employed by \_\_\_\_\_ How Long? \_\_\_\_\_ Phone \_\_\_\_\_

Do you rent or own? \_\_\_\_\_ If you own, is it a home, townhouse, or condo? \_\_\_\_\_

If you rent, name of Community and Contact Info to verify pet security/deposit has been paid and number of pets allowed. \_\_\_\_\_

Are you anticipating a move, pregnancy, marriage, new home, or any other major change anytime in the next few months? Explain \_\_\_\_\_

Ages of children living in the household \_\_\_\_\_ Permanently or occasionally? \_\_\_\_\_

Does anyone living in your household have any kind of medical condition...allergies, suppressed immune system, diabetes, or taking blood thinners? No \_\_\_ Yes \_\_\_ If so, what is the condition? \_\_\_\_\_

Number of residents that smoke in the house \_\_\_\_\_

Where will the litter box be kept? \_\_\_\_\_

Where will the pet be kept during the day? \_\_\_\_\_

How many hours will it spend alone without human companionship? \_\_\_\_\_

Do you plan to keep your pet (circle one)    inside    outside    other (explain) \_\_\_\_\_

When do you plan to declaw (circle one)    never    immediately    4-6 months    1 year    maybe

What pets do you currently have in your household?

Name	Age	Species Cat Dog other _____	Declawed?		Spayed/Neutered?		Shots up-to-date?	
			Yes	No	Yes	No	Yes	No
		Cat Dog other _____	Yes	No	Yes	No	Yes	No
		Cat Dog other _____	Yes	No	Yes	No	Yes	No
		Cat Dog other _____	Yes	No	Yes	No	Yes	No
		Cat Dog other _____	Yes	No	Yes	No	Yes	No
		Cat Dog other _____	Yes	No	Yes	No	Yes	No

*If more space is needed please use the same format as this, on the back of the application.*

If any cats are listed above, what is fed and how often:

\_\_\_\_\_

If any dogs are listed above, what breed or breed mixes is/are they:

\_\_\_\_\_

List pets owned in the past 5 years, other than those listed above.

Species Cat Dog other _____	Name & Age	What happened to this pet?
Cat Dog other _____		
Cat Dog other _____		
Cat Dog other _____		
Cat Dog other _____		
Cat Dog other _____		

Who is your veterinarian? \_\_\_\_\_

I attest that the information provided above is correct. I understand that this is only an application for adoption and does not constitute a contract or guarantee me to receive the pet applied for. PAWS has the right to refuse an adoption to any individual on any grounds. I give PAWS permission to verify the information provided on this sheet.

Signature \_\_\_\_\_ Date \_\_\_\_\_