

NC PAWS Rescue
Application for Adoption

Name of pet you would like to adopt: _____

Date: _____

Name: _____ Age: _____

Address: _____

City: _____ State _____ Zip _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____ Do you live in a: _____ House _____ Apt/Condo

If renting, landlord/lady's name _____ Phone: _____

1. Have you adopted from NC PAWS before? If Yes, When? _____
2. Do you plan on moving in the next 6 months? _____
3. Are you home on a daily basis? _____
4. Do you have children? _____ If yes, what are their ages? _____
5. Does anyone in the household have pet allergies? _____
6. Who will be responsible for the care of this cat? _____
7. Please list the responsibilities that you think are involved in caring for this cat:

8. Approximately how much time will you spend with this cat? _____
9. What attracted you to this particular cat? _____
10. Do you plan to declaw this cat? _____
11. Do you have other pets in your house? If yes, please list: _____
12. Have you lived with cats before? _____
13. Have you ever had a cat with behavioral problems, such as failing to use the litter box, shyness (hid a lot), played rough, nipped wen petted, people/pet aggressive, etc? _____
14. This cat will stay: _____ indoors _____ outdoors _____ Indoor/outdoor
15. Do you have arrangements made for the care of this cat in your absence? _____
16. How long do you plan to provide a home for this cat? _____
17. How much do you think it will cost each month for the basic care of this cat? _____
18. What Veterinary hospital do/will you use? _____
19. May a NC PAWS representative visit your home in the future? _____

I certify that the answers to the questions listed above are true and correct and further understand if I provided any false information on this application that it and the adoption will become null and void.

Signature _____ Date _____