



Adoption Center: 100 N. 2nd Street · Philadelphia, PA 19106 · 215-238-9901

Low-Cost Spay/Neuter and Wellness Clinic:
2900 Grays Ferry Ave · Philadelphia, PA 19146 · 215-298-9680

Northeast Adoption Center and Low-Cost Clinic:
1810 Grant Avenue · Philadelphia, PA 19115 · 215-545-9600
info@phillypaws.org · www.phillypaws.org

ADOPTION APPLICATION

I am applying to adopt a Cat Dog. Name/ID# of specific animal, if any: _____

First Name: _____ Last name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Email: _____ Date of Birth: _____

How long have you lived at your current address? _____

You must have a valid driver's license or other government-issued photo ID to adopt a pet.

ID type: _____ ID number: _____

How many other adults (18+) live in your home? _____

Please list all adults' full names: _____

How many children? _____ Please list kids' ages: _____

Have you had a pet before (check all that apply)?

- I currently have a pet
- Within the last 5 years
- More than 5 years ago
- As a child/growing up
- Never - this will be my first pet
- There are currently pets in my home but they aren't mine

Please list all current and former pets:						
Pet's name	Species (dog/cat/etc.)	Breed (Pit/Lab/etc.)	Spayed / Neutered?	Age	Years Owned (ex. 1995-2001)	Currently in home?
			Yes / No			Yes / No
			Yes / No			Yes / No
			Yes / No			Yes / No
			Yes / No			Yes / No
			Yes / No			Yes / No

Veterinary Practice Used: _____

Name of person on file with veterinarian, if not you: _____

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Have you ever (check all that apply): Given/sold a pet to another person Given a pet to a shelter
 Had a pet run away Had a pet die in your care Had to euthanize a pet

Is anyone in your household allergic to animals? Very allergic Mildly allergic No allergies Unsure

Do all members of your household agree on adopting? Yes Not sure It's a surprise

Do you own your home? YES / NO

If you do not own your home, are you familiar with your landlord's pet policy? Yes No I don't know

How much can you budget for your pet's supplies and medical care? \$ _____ per month
\$ _____ in case of emergency

How long do you expect to own this pet? _____

How much time will the pet be left alone in the home? Average Day: _____ Maximum: _____

Where will this pet be allowed in your home (check all that apply)?

Inside only Inside with free access to outside Inside with supervised time outside
 Outside only Crate Basement Garage Other: _____

CATS ONLY:

Why do you want a cat? Companionship Mouser Gift Other: _____

What do you plan to do for your cat's scratching needs?

Declaw surgery Nail clipping Scratching posts Not sure yet Other: _____

Under what circumstances, if any, would you need to return the pet to PAWS?

<input type="checkbox"/> New baby	<input type="checkbox"/> Not enough time for pet	<input type="checkbox"/> Sheds
<input type="checkbox"/> Become allergic	<input type="checkbox"/> Scratches furniture	<input type="checkbox"/> Vet costs too expensive
<input type="checkbox"/> Not allowed in new living space	<input type="checkbox"/> Becomes Aggressive	<input type="checkbox"/> Litter box issues
<input type="checkbox"/> Moving too far to bring pet with me	<input type="checkbox"/> Too playful / jumps on furniture, counters	
<input type="checkbox"/> Other: _____		

Is there anything else you think we should know? _____

Please read and initial each of the following items:

_____ I certify that I am adopting this pet for myself, and that I am permitted to have this pet in my home.

_____ The information I have provided on this application is true to the best of my knowledge. I understand that if I willfully provide false information, my application may be denied.

_____ In the event I can no longer keep the animal I adopt, I will return him/her to PAWS.

Signature of Applicant: _____ **Date:** _____