



Adoption Center: 100 N. 2nd Street · Phila, 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
 adoptions@phillypaws.org · www.phillypaws.org

Office use:
PP <input type="checkbox"/>
TR <input type="checkbox"/>
HQ <input type="checkbox"/>
VT <input type="checkbox"/>
RA <input type="checkbox"/>



CAT ADOPTION APPLICATION

I want to adopt a CAT: Today Within a few weeks Within a few months

I want a CAT for: Myself My kids Mouser Gift for: _____ Other: _____

I want a specific CAT/KITTEN: Name/ID#: _____

First Name: _____ Last Name: _____

Preferred 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: _____

If any other adults live in your home, please list their full names: _____

How many children live with you? _____ Kids' ages & first names: _____

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

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

Who **owns** your home? Myself A friend/family member named: _____ A company

If you **rent**, have you asked your landlord about bringing a new cat home?

Not yet No, but pets are allowed Yes, the policy is: _____

What is your experience with pets? (check all that apply)

- Given a pet to a shelter
- Bred/sold a pet
- Had a pet run away
- Given a pet to another person
- Had a pet die in your care
- Had to euthanize a pet
- Grew up with a pet
- I currently have a pet
- Lived w/ housemates' pet
- I've never lived with or owned a pet before

PAWS ADOPTION APPLICATION (page 2)

Starting with the most recent, please list all pets that you've owned, and all pets currently in your home:

Pet's name	Cat/dog/ rabbit/bird...?	Spayed / Neutered?	Age	Dates Owned (2010-2016, ...?)	Are you the primary owner?	Currently in home?
		Yes / No			Yes / No	Yes / No
		Yes / No			Yes / No	Yes / No
		Yes / No			Yes / No	Yes / No

Veterinarian's name/phone #: _____

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

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

How long do you expect to own this cat? _____

How many hours will your cat be alone in the home? Average Day: _____ Maximum: _____

Where will your new cat live?

- Inside only
 Outside only
 Inside/outside (allowed to roam)
 Leash & harness training
 Inside with access to fenced yard
 Other: _____

What kind of exercise & playtime do you want with your new cat?

- Toy mice/balls
 Wand toys
 Playmates with another pet
 Not much: I'd like a calm cat!

What are you looking forward to doing with your new cat?

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"/> Jumps on counters/tables	<input type="checkbox"/> Other:

Is there anything else you think we should know?

Please read and check each of the following items:

- I am adopting this cat for myself, and I am allowed to have this cat 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.

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