



**PAWS, The POUND ANIMAL WELFARE SOCIETY, INC.**

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**PAWS Adoption Application, Cat**

Thank you for your interest to adopt a PAWS cat. Our application includes a number of detailed questions which are necessary for our screening process. Please understand that we are looking out for the best interest of you and the cat you have an interest to adopt. We at PAWS want our cats placed in homes where they will be considered a member of the family for the rest of their lives.

To be considered as an adopter, you must: be 18 years of age or older; have identification showing your present address; have the knowledge and consent of all adults in household; have the knowledge and written consent of your landlord (if relevant); be able and willing to spend the time and money necessary to provide proper care, nourishment, medical treatment, and training of the cat.

Please provide detailed information for all questions, and note: we reserve the right to refuse adoption to anyone. Please be advised that we will not adopt to anyone who misleads or fails to provide accurate information on this application. Please allow up to a week for the processing of your application.

**Name of the cat(s) you are interested in:** \_\_\_\_\_

**PERSONAL INFORMATION**

Name (Please Print) \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

Street Apt # Town State Zip

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email address \_\_\_\_\_ @ \_\_\_\_\_

**HOUSEHOLD INFORMATION**

Please check:  Own  Rent  Live with parents  Other: \_\_\_\_\_

If you rent, list the landlord's name & phone number. \_\_\_\_\_

How many adults live in the home? \_\_\_\_\_

How many children? \_\_\_\_\_ What are their ages? \_\_\_\_\_

If you have children or plan to extend your family are you aware that you must supervise your new cat with your child for the safety of both the child and the cat? Yes  No

Are you comfortable with the fact that the cat could bite or scratch your child? Yes  No

Do any members of your household have asthma, or have allergies to cats? Yes  No

Are all members of your household in agreement about adopting a cat? Yes  No

For whom would you be adopting this cat? \_\_\_\_\_

Who will be the primary caregiver for this cat? \_\_\_\_\_

Who will be financially responsible for the cat? \_\_\_\_\_

Are you willing to have all members of your household meet with a PAWS representative to meet the cat you are applying for?

Yes  No

How often do you travel? Rarely  Occasionally  Often

How will you care for your cat(s) when you are traveling? \_\_\_\_\_

Who will be responsible for your pet if you should no longer be able to care for the cat(s)? \_\_\_\_\_

# PAWS Adoption Application, Cat

If you were to move, what would you do with your cat(s)? \_\_\_\_\_

## BACKGROUND INFORMATION

How did you hear about PAWS? \_\_\_\_\_

Have you ever adopted an animal from PAWS before? Yes  No

If yes, when? Dog  Cat

Why do you want a cat? House Pet/Companion  Gift  Hunter/Mouser

Other (Please explain): \_\_\_\_\_

Are you willing to adopt: a cat with special needs? Yes  No  Maybe

an elderly cat? Yes  No  Maybe

Please provide us with at least 2 references, one being a veterinarian if possible:

1) \_\_\_\_\_

Name	Address	Phone
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2) \_\_\_\_\_

Name	Address	Phone
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Who is your current veterinarian (if not listed above)? Name: \_\_\_\_\_

Address: \_\_\_\_\_

When was the last time you visited your veterinarian? \_\_\_\_\_

## CAT INFORMATION

Experience with cats: first time  had 1 or 2  had many

Do you plan to spay/neuter your cat (if not already spayed/neutered)? Yes  No  Maybe

Do you plan to declaw your cat? Yes  No  Maybe

Hours cat will be left alone each day: More than 9  6-8  Less than 6

Where do you primarily intend to keep the cat:

Indoors only  Basement  Indoors and Outdoors  Outdoors  Garage  Crate Confined  Not sure

Do you plan on letting the cat outside? Yes  No

If yes, under what circumstances? \_\_\_\_\_

Where will the cat be when nobody is home?  Indoors  Outdoors

Will the cat be allowed to have free roam of your home? Yes  No

Owning a cat requires a financial commitment. Are you aware of the costs? Yes  No

A cat is a lifetime commitment. How long do you think a cat can live? \_\_\_\_\_

Are you aware that some cats require a period of weeks or even months to adjust to their new home and/or environment and/or other pets? Yes  No

Are you willing to allow for this adjustment period?

Yes  No  I prefer a pet who will adjust quickly  Not sure

**Please list current pets you have.**

ANIMAL'S NAME	TYPE (CAT, DOG, ETC.)	AGE	INSIDE/ INSIDE-OUTSIDE/ OUTSIDE

Are your current pets spayed or neutered? Yes  No  if not why not? \_\_\_\_\_

Do your current pets wear identification tags? Yes  No  if not why not? \_\_\_\_\_

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Are your pet's vaccinations current? Yes  No  if not why not? \_\_\_\_\_

Have your cat(s) been tested for feline leukemia (FeLV) and feline aids (FIV)? Yes  No  Unsure

Please tell us about the animals you have owned in the past, who are no longer with you.

ANIMAL'S NAME	TYPE (CAT, DOG, ETC.)	AGE	DECEASED	IF ALIVE, WHERE AND WHY

**I AM LOOKING FOR A CAT THAT IS (PLEASE CHECK ALL THAT APPLY)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Male                  | <input type="checkbox"/> Female             | <input type="checkbox"/> Spayed/Neutered |
| <input type="checkbox"/> Kitten                | <input type="checkbox"/> Adult              | <input type="checkbox"/> Senior          |
| <input type="checkbox"/> Short hair            | <input type="checkbox"/> Long haired        | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Indoor only           | <input type="checkbox"/> Indoor/Outdoor     | <input type="checkbox"/> Outdoor only    |
| <input type="checkbox"/> Mellow/Quiet          | <input type="checkbox"/> Semi-Active        | <input type="checkbox"/> Playful         |
| <input type="checkbox"/> Independent           | <input type="checkbox"/> Cuddles Sometimes  | <input type="checkbox"/> Active          |
| <input type="checkbox"/> Is good with children | <input type="checkbox"/> Can live with dogs | <input type="checkbox"/> Very-Active     |
|  |   | <input type="checkbox"/> A lap cat 24/7  |

Reason for wanting to adopt:

- Companion (people)  Companion (another pet)  Mouser  Other \_\_\_\_\_

It's ok if my cat plays rough sometimes (i.e., chases my feet, play nips. Yes  No  Doesn't Matter

Are you willing to bring your pet to a veterinarian for regular exams, and for vaccinations per your veterinarian's recommendations? Yes  No  when ill/sick? Yes  No

Are you able to commit to providing a home for a cat for the next 10 to 20 years? Yes  No

**WHAT CIRCUMSTANCES MIGHT JUSTIFY GIVING UP A CAT? (CHECK ALL THAT APPLY)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Baby                | <input type="checkbox"/> Divorce            | <input type="checkbox"/> Cat is not getting along with other pets |
| <input type="checkbox"/> Moving              | <input type="checkbox"/> Allergies          | <input type="checkbox"/> New household member dislikes cats       |
| <input type="checkbox"/> Shedding            | <input type="checkbox"/> Behavior problems  | <input type="checkbox"/> Not using litter box                     |
| <input type="checkbox"/> Want to travel      | <input type="checkbox"/> Health problems    | <input type="checkbox"/> Destructive Scratching                   |
| <input type="checkbox"/> Children lost inter | <input type="checkbox"/> Too time consuming | <input type="checkbox"/> None                                     |
| <input type="checkbox"/> Other _____         |   |   |

If your new cat or kitten exhibits behavioral or adjustment issues, would you be willing to seek the advice of a PAWS associate?

Yes  No

Have you ever had to surrender a pet to a shelter? Yes  No

If so, what were the circumstances? \_\_\_\_\_

Please share with us anything you would like us to know about the new cat or kitten that you would like to add to your family. \_\_\_\_\_

How will you introduce your new cat to any existing pets? \_\_\_\_\_

## PAWS Adoption Application, Cat

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How do you plan to handle undesirable behavior, such as chewing, accidents in the house, spraying, scratching furniture, excessive crying, getting onto countertops? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### TERMS, SIGNATURE & RELEASE (PLEASE INITIAL AT THE X'S AND SIGN BELOW)

I am willing to make a 10 to 20 year commitment to my new cat. X \_\_\_\_\_

I will take my cat for annual visits to my veterinarian for wellness exams and tests/vaccinations, and when needed for injury, illnesses, etc. X \_\_\_\_\_

I understand there is a non-refundable adoption fee to help cover the expenses of spay/neuter, shots and general care for the cat? X \_\_\_\_\_

I understand in the event that the cat adoption does not work out, that I will return the cat to PAWS. X \_\_\_\_\_

I understand that if I qualify and adopt a cat from PAWS I will be contacted for further verification of the cat's welfare and will cooperate by providing requested information which MAY include a visit to your residence.

X \_\_\_\_\_

I understand that cats require a visit to a veterinarian at least once a year, and I am comfortable with the possibility of additional medical expenses if my pet becomes ill. X \_\_\_\_\_

I understand that PAWS reserves the right to deny any request for any or no reason and that PAWS may choose not to reveal specific reasons. X \_\_\_\_\_

I understand that if I violate this contract in any way or if I have not been truthful on this form, PAWS reserves the right to reclaim the cat at any time. X \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

PAWS representative initials \_\_\_\_\_ Date: \_\_\_\_\_