

# PAWS

The POUND ANIMALWELFARE SOCIETY, INC. of Montclair

P.O. Box 149, Montclair, New Jersey 07042

Phone: 973-746-5212

Web: [www.PAWSMontclair.org](http://www.PAWSMontclair.org)

Email: [cats@PAWSMontclair.org](mailto:cats@PAWSMontclair.org), [Info@PAWSMontclair.org](mailto:Info@PAWSMontclair.org)



## PAWS Cat Adoption Application

Thank you for your interest to adopt a PAWS cat. Our goal is to place our cats in homes where they will be considered a valued 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 answer all questions. PAWS reserves the right to refuse adoption to anyone and we may choose not to reveal our reasons. 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

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

Complete Address \_\_\_\_\_

Street Apt # Town State Zip

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

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

### HOUSEHOLD

Do you (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 children's ages? \_\_\_\_\_

Are you aware that you must supervise your new cat with all children for the safety of both the children and the cat? Yes  No

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

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

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)? \_\_\_\_\_

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

### BACKGROUND

Have you ever adopted an animal from PAWS before? Yes  No  If yes, when? \_\_\_\_\_

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

1) \_\_\_\_\_  
Name Address Phone

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

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

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

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

### CATS

Experience with cats: first time  had 1 or 2  had many  Do you plan to declaw your cat? Yes  No  Maybe

If yes or maybe, please explain: \_\_\_\_\_

Do you plan on letting the cat outside? Yes  No  If yes, under what circumstances? \_\_\_\_\_

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

Owning a cat requires a lifetime financial commitment. Are you aware of the costs and willing to make financial and time commitments for the life of the cat? Yes  No

Are you aware that some cats require a period of weeks or even months to adjust to their new home and/or other pets?

Are you willing to allow for this adjustment period? Yes  No

Do you have other pets currently? Yes  No  If yes list the species (cats, dogs, etc.) and ages. \_\_\_\_\_

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

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

Why do you want to adopt a cat? \_\_\_\_\_

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

What circumstances might justify giving up a cat? \_\_\_\_\_

If your new cat or kitten exhibits behavioral or adjustment issues, would you seek advice, e.g. from a veterinarian? Yes  No

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

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

### SIGN BELOW FOR ADOPTION APPLICATION

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

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