

ADOPTION APPLICATION

Client Name		Mailing Addre	ess	Street (if different)	
City	State	Zip	Phone	Email	
Employed by:			Length of employment:		
Number of	years at current	address:	Type of ho	using:	
Number of	adults in househ	nold:	Number of child	Iren in household	
What is you	ır level of experi	ence with cats?			
Do you cur	rently have any p	oets? If	f yes, how many?		
				hat happened to each. If the	
Will this ca	t EVER go outsid	e?			
Do you hav	e screens in all v	vindows?			
Do you agre	ee to a home vis	it and interview	prior to adopting	g:	
Please indic	cate where you p	olan to have you	r pet sleep and w	here it will spend the day:	
Do vou hav	e allergies?				

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Have you ever released a pet	to a shelter? If so	, please explain				
How much do you think it will	cost to feed this pet for a	a week?				
Where will you shop for your	pet food?					
Who will watch your cat when	ı you're away?					
How much do you think it will	cost for medical care per	year?				
How many hours will your cat	be left alone each day? _					
Do you currently have or know	v of a vet in your area? _					
What would you do if the cat clawed the furniture or shows other destructive behavior?						
check on the welfare of the ca	t?	scheduled visits to your home and				
Yes	No					
names and phone numbers lis	ted.	that are not family members with				
1						
2						
DISCLAIMER:						
		n to anyone for any reason. c reasons for adoption denial.				
Adopter's signature	Date	PAD PAWS Rescue				
Adoption fee - \$100		padpawsrescue@gmail.com 917-225-7707				