**CLAWS – Cat Rescue**

**Cat Adoption Application**

Applicant must be primary caretaker of the pet being applied for.
Applicant must at least 18 years of age to fill out and submit an application.

Top of Form

|  |  |
| --- | --- |
| Pet Name  |  |

Bottom of Form

|  |  |
| --- | --- |
| If pet not listed, please type it here  |  |
| Applicant First Name  | \*  |
| Applicant Last Name  | \*  |
| Street Address  | \*  |
| City  | \*  |
| State  | \*  |

|  |  |
| --- | --- |
| Zip  | \*  |
| Primary Phone  | \*  |
| Other Phone  |  |
| Email Address  | \*  |
| Why do you want to adopt this pet?  |
|  | Companion for you  |
|  | Companion for other family member  |
|  | Companion for other pet  |
|  | Other  |
| Current Veterinarian's Name, Phone Number  | \*  |
| Name listed on vet records  | \*  |
| Previous Veterinarian's Name, Phone Number (if no current vet)  | \*  |
| Do you use low cost vet clinic, or vet listed  | \*  |
| List ages of everyone in household  | \*  |
| Primary Caretaker  | \*  |
| Family member allergies  | \*  |

|  |  |
| --- | --- |
| Do all members of household want to adopt this pet?  | \*  |

|  |  |
| --- | --- |
| Do you own your home?  | \*  |
| Type of Residence  | \*  |
| How long at present residence? Do you plan on moving in the near future?  |
| Please explain  | \*  |
| How do you rate your pet experience?  |
|  | First Time Owner  |
|  | Beginner  |
|  | Intermediate  |
|  | Advanced  |
| Please list the pets in household now, age, breed, & sex: Are they vaccinated? Spayed/neutered?  |
| List Pets  | \*  |
| Tell us about any pets you have owned in the past 10 years: What happened to these pets?  |
| List past pets  | \*  |
| Will pet wear collar and ID tag  | \*  |

|  |  |
| --- | --- |
| How will you handle behavioral issues  | \*  |
| How many hours a day will this pet spend without humans?  | \*  |
| When will the pet be inside?  | \*  |
| Where will the pet sleep at night  | \*  |
| Which of the following behavioral issues would prompt you to give up your pet? Check all that apply:  |
|  | Biting/Scratching Family Member  |
|  | Not Friendly with Guests  |
|  | Scratching Furniture or Carpet  |
|  | Shedding  |
|  | None  |
| Which of the following reasons would prompt you to give up your pet? Check all that apply:  |
|  | Moving  |
|  | Having a baby  |
|  | Allergies  |
|  | Divorce  |
|  | New Spouse/Partner doesn't Like Pet  |
|  | Financial Problems  |
|  | Pet's Health Problems  |
|  | Excessive Veterinarian Bills  |
|  | None  |
| Would you agree to a home visit by a CLAWS representative?  | \*  |

|  |  |
| --- | --- |
| If there is any other relevant information you would like us to know  | \*  |
| Initial Here  | \*  |

Check all entries for accuracy, then press the "Submit" button ONLY ONCE. You will be returned to our website.
Please note we are unable to process incomplete applications.