**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.