



P.O. Box 365 • Waxhaw, NC 28173
www.carolinapaws.com

APPLICATION FOR FELINE ADOPTION

Filling out an application does not obligate you to adopt nor does it guarantee an adoption.

Date:	Type of cat desired:	Color(s):
Specific cat(s) desired:		
Age of cat desired:	Oldest cat considered:	Approx. weight as an adult cat:
Applicant Information		
Name:		
Address:		
City:	State:	Zip:
Telephone Numbers		
Home:	Work:	Cell:
E-mail Address:		Date of Birth:
Are you presently: <input type="checkbox"/> Employed Employer:		<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student
Number of People in Household:	If children are in the household, please list ages:	
Are you or any member of your family allergic to pets: <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you been tested: <input type="checkbox"/> Yes <input type="checkbox"/> No
Co-Applicant Information		
Name:		Relationship:
Telephone numbers: Home:	Work:	Cell:
E-mail Address:		Date of Birth:
Are you presently: <input type="checkbox"/> Employed Employer:		<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student
General Information		
Type of residence: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Farm/Barn		
If rental, are cats allowed?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Size Restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No	Max. Size:

To check the Checkboxes () press the spacebar over the applicable answer.



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Complex name/address:	
Manager/Landlord:	Phone number:
Current housing location: <input type="checkbox"/> City Limits <input type="checkbox"/> Outside City Limits	
Type of street: <input type="checkbox"/> Very busy road <input type="checkbox"/> Slight traffic <input type="checkbox"/> Residential area <input type="checkbox"/> Country road	Speed limit:
Have you ever rehomed a pet? If so, why?	
Where will cat live? <input type="checkbox"/> Inside only <input type="checkbox"/> Outside only <input type="checkbox"/> Mostly inside <input type="checkbox"/> Mostly outside	
Where will the cat spend nights? <input type="checkbox"/> Inside <input type="checkbox"/> Outside	
Will you allow the cat to run loose? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, where?
How many hours per day will the cat be alone?	Where will the cat stay when left alone?
Under what circumstances would you allow your cat outside? <input type="checkbox"/> Patio/Porch <input type="checkbox"/> Screen Porch <input type="checkbox"/> Fenced Yard <input type="checkbox"/> Only While Supervised <input type="checkbox"/> Other	
Describe the activity level in your home:	<input type="checkbox"/> Busy (visits by friends, meetings, children, parties at home) <input type="checkbox"/> Noisy (TV, stereo, machinery, tools, children playing, dogs barking) <input type="checkbox"/> Moderate (Normal comings and goings) <input type="checkbox"/> Quiet (homebodies, few guests) <input type="checkbox"/> Other (specify)
In the absence of the primary caregiver, who will care for the cat?	
Under what circumstances would you return the cat to us? <input type="checkbox"/> New Job <input type="checkbox"/> Divorce <input type="checkbox"/> New Baby <input type="checkbox"/> Move <input type="checkbox"/> Illness to you or animal <input type="checkbox"/> Other – specify	
Have you ever owned a pet?	
If you have owned a cat in the past under what circumstances would you allow it outside? <input type="checkbox"/> Freely <input type="checkbox"/> Only with supervision <input type="checkbox"/> Never <input type="checkbox"/> Other	
Are you willing to take responsibility if this pet acquires an illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing and able to pay the veterinary costs of caring for your new pet? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you consider your cat a part of the family? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you plan to declaw your cat? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	

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If unsure to declaw, what circumstances would you declaw?				
If you owned a cat in the past, was it declawed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
How much time are you prepared to allow for your new pet to adjust to your home?				
Pet Information				
Have you had pets in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, complete the following chart	
<i>Name of Pet; Type of dog/cat</i>	<i>Years Owned</i>	<i>Spayed/Neutered</i>	<i>Inside/Outside</i>	<i>Where is Pet Now?</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
Current or past vet name of clinic:			Phone:	
Will your cat be on heartworm prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you aware that a cat is a large and lifelong commitment? <input type="checkbox"/> Yes <input type="checkbox"/> No				
How did you hear about Carolina P.A.W.S.?			Would you like to become a volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Personal References				
# 1 Name:			Relationship:	
Phone:			Best time to contact:	

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Comments:

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