

Paws Across Oswego County (PAOC)

Cat Adoption Application

Applicant Information

- Full Name:
- Address:
- City, State, ZIP:
- Phone Number:
- Email Address:
- Date of Birth:
- Driver's License/ID #:

Household Information

Do you rent or own your home? ☐ Rent ☐ Own

If you rent, landlord's name and phone number:

Type of residence:

☐ House ☐ Apartment ☐ Condo ☐ Mobile Home ☐ Other _____

Do you have a fenced yard or secure outdoor space? ☐ Yes ☐ No

How many adults live in the home? _____

How many children live in the home? _____ Ages: _____

Pet History

Do you currently have pets? ☐ Yes ☐ No

If yes, list species, breeds, and ages:

Are your current pets spayed/neutered? ☐ Yes ☐ No

Are your current pets up to date on vaccinations? ☐ Yes ☐ No

Have you owned cats before? ☐ Yes ☐ No

If yes, what happened to them?

Veterinary Information

Current or Previous Veterinarian:

Paws Across Oswego County (PAOC)

Clinic Name: _____

Phone Number: _____

May we contact your veterinarian for a reference? ☐ Yes ☐ No

Lifestyle & Cat Care

Why do you want to adopt a cat?

Where will the cat spend most of its time? ☐ Indoors ☐ Outdoors ☐ Both

How many hours per day will the cat be left alone?

Who will be responsible for daily care and veterinary visits?

Do you plan to declaw the cat? ☐ Yes ☐ No

What will you do if the cat develops behavioral issues (scratching, spraying, etc.)?

What will happen to your pets if you move or can no longer care for them?

Personal References

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Agreement

By signing below, I certify that the information provided is true and complete. I understand that false information may result in denial of this application. I authorize Paws Across Oswego County to contact my veterinarian and references.

Signature: _____ Date: _____

For Office Use Only

Cat Name: _____

Date Received: _____

Approved ☐ Denied ☐

Adopter Interviewed By: _____

Notes: _____