

## 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:

Clinic Name:

Phone Number:

May we contact your veterinarian for a reference?  Yes  No

Paws Across Oswego County (PAOC)

**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: \_\_\_\_\_