

Adoption Application

Applying for? (Circle choice) Dog Cat Other Male Female Age: _____ Name of pet: _____

Applicant Name: _____ Applicant Address: _____ City/State: _____

Zip code _____ Email Address: _____ Phone #: () _____

Do you rent or own your residence? Rent Own If you rent, does your landlord allow pets? Yes No

Name of Landlord: _____ Phone #: () _____ **(Rental agreement must specify pets are allowed)**

How many adults in household: _____ How many children in household: _____ Ages of children _____

Applicant(s) work schedule _____

Does any member of the household/family have allergies? Yes No What type of allergies? _____

Personal references (Not a family member)

Name: _____ Phone#: () _____

Email address: _____ Relationship to applicant: _____

Name: _____ Phone#: () _____

Email address: _____ Relationship to applicant: _____

Current Pets

Name: _____ Age: _____ Breed: _____ Vaccinated? Yes No Spayed/Neutered? Yes No Do you still own? Yes No

Has your current cat/kitten been tested for FIV/FeLV? Yes No Is your current cat declawed? Yes No

Are you planning to declaw your new cat? Yes No Has your current dog been tested for Heartworm disease? Yes No

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Past Pets

Name: _____ Age: _____ Breed: _____ What happened to this pet?

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Veterinarian Information:

Current Veterinarian: _____ Phone #: _____ Names of pets registered there:

Has your pets been seen by another Veterinarian? Yes No If so, what office?: _____ Phone #: _____

Applying for a Cat or Kitten:

Where will your cat be when you are not at home? Inside Outside How will you exercise your cat?

Where will your cat sleep? _____ How many hours will your cat be left alone? _____

Applying for a Dog or Puppy:

Do you have a completely fenced yard? Yes No Do you have underground/electrical fence? Yes No Dog run/kennel? Yes No

Are you willing to crate train? Yes No Are you willing to obedience train? Yes No How many hours will your dog be left alone? _____

How will you exercise your dog? _____ Where will your dog sleep? Inside Outside

I hereby certify that I am at least Twenty-one (21) years of age, and to the best of my knowledge, the information that I've provided above is true. I will contact my veterinary hospital(s) to release any and all records pertaining to past/present pets to an agent of Paws and Purrs Rescue, Inc. I understand any false information may result in the nullification of this application.

Signature: _____ Date _____

Office use:

Vet check: Yes No Proof of age: Yes No Application approved? Yes No

Reason for denial: _____ Review of application by: _____ Date: _____