



**GIVE PURRS A CHANCE**

**CAT ADOPTION APPLICATION**

**MUST BE 21 TO ADOPT A CAT OR KITTEN FROM GIVE PURRS A CHANCE**

Name and Description: \_\_\_\_\_

Adoption Fee: \_\_\_\_\_

ID#: \_\_\_\_\_

Additional Donation: \_\_\_\_\_

**PERSONAL INFORMATION**

Applicant's Name and Age: \_\_\_\_\_

Spouse or Partner's Name and Age: \_\_\_\_\_

Names and ages of all other occupants and family members: Do all agree to this adoption? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Apartment #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you live in a: House    Townhouse    Apartment    Other (Please explain)

If you do not own, what is the landlord's name and phone number? \_\_\_\_\_

\_\_\_\_\_  
How long have you lived there? \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_ How Long: \_\_\_\_\_

Why did you choose this particular cat? \_\_\_\_\_

\_\_\_\_\_

Does anyone in your home have any health issues related to animals such as Asthma or allergies? If yes, how will you cope with the new animal being present? \_\_\_\_\_

Have you ever or would you consider having your cat declawed? \_\_\_\_\_

Where will the cat be kept?    Indoors    Outdoors    Both Indoors and Outdoors

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How many hours will the cat be without supervision each day? \_\_\_\_\_

Who will be the primary caregiver? \_\_\_\_\_

Who will care for your pet while you are on vacation? \_\_\_\_\_

What will you do with your cat if you move? \_\_\_\_\_

What do you think your cat's care costs will be for the next 15 years, including annual vaccinations, food, toys, grooming, litter, emergency care, etc. and are you financially able to meet these costs?

We require that all animals adopted from us MUST be spayed/neutered. Do you have any questions or reservations about this policy? \_\_\_\_\_

**PET INFORMATION**

Please list all pets you currently own:

<u>Name</u>	<u>Breed</u>	<u>Age</u>	<u>Gender</u>	<u>Spayed or neutered</u>	<u>Vaccinated/ Combo tested</u>

Please list other pets you have owned in the last 5 years. Please also list their names, breed, ages and why you no longer have them.

Have you ever sold, given away, rehomed or surrendered a pet? Please provide details:

Are you willing to take time to allow your new cat to adjust to his/her environment?

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What will you do if they do not

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get along?

\_\_\_\_\_

Are you prepared for possible behavioral issues Including urinating outside the litterbox, scratching issues such as, furniture, carpet, people and other animals. \_\_\_\_\_

What will you do if any of the above issues cannot be resolved? \_\_\_\_\_

\_\_\_\_\_

**VETERINARIAN INFORMATION**

Past/current vet or clinic name and location: \_\_\_\_\_

Phone number: \_\_\_\_\_

Pets treated here: \_\_\_\_\_

Name of intended vet if you currently do not have pets: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Is there is anything else, we should know that would help us better understand your application?

\_\_\_\_\_

We may want to conduct a home visit prior to or after adopting a cat or kitten with you. Do you have any objection to this? \_\_\_\_\_

\_\_\_\_\_

We request a minimum of **\$100 fee** at the time of adoption, although additional donations are greatly appreciated. Adoption fees and donations will be spent towards medical care, food and shelter for all other animals located at PURRS.

If at a later date I am unwilling or unable to care or keep this animal, he or she must be returned to PURRS. This cat/ kitten cannot be GIVEN AWAY or SOLD under any circumstances! **NO EXCEPTIONS**

I certify that I have answered all questions honestly and to the best of my ability.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Purrs Representative: \_\_\_\_\_ Date: \_\_\_\_\_

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