



Cause for Paws Cares

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Cause for Paws Cares, Inc.
501(c)(3) Nonprofit Organization
Animal Protection and Welfare #47-1824249
- Humane Education - Cruelty Prevention - Rescue

PET ADOPTION APPLICATION

Name

Phone (H) (W)

Email Address

Street City/State/Zip

Do you Rent Own Landlord Name and Phone

Pets Allowed Yes No Your Occupation/Source of Income

Employer Address

For whom do you want a cat? Why?

How long do you intend to keep the cat?

How many adults in household? Children? Ages

Does anyone in household have allergies? Yes No

IDENTIFY OTHER PETS IN HOUSEHOLD

Table with 7 columns: Cat/Dog, Declawed, Age, Spayed/Neutered, Last Vaccinated, Goes Outdoors, Time Owned. Includes rows for 'Other' and three blank entries.

PETS OWNED IN PAST NO LONGER IN HOUSEHOLD

Table with 7 columns: Cat/Dog, Declawed, Age, Spayed/Neutered, Last Vaccinated, Goes Outdoors, Time Owned. Includes three blank entries.

NAME, ADDRESS, AND PHONE OF YOUR VETERINARY HOSPITAL

Will you let the cat outside? Yes No Supervised? Yes No

Do you intend to declaw the cat? Yes No

Are you willing and able to take the cat to your vet for annual vaccinations and exam? Yes No

Are you willing and able to pay for any tests/treatments/emergency care the cat may need? Yes No

If the cat had to be on a prescription diet, and/or needed daily medication, would you be willing and able to bear the added expense and time required to obtain the food and/or give the medication? Yes No

How long have you been at your present address?

Are you planning to move in the next six months? Yes No

What would you do with the cat if you moved? _____

How frequently do you travel, either business or pleasure? _____

Who will care for the cat when you travel, or in case of emergency requiring your extended absence?

Your work schedule (days and hours) _____

Are any adults at home during the work day? Yes No

Who will be responsible for feeding/watering the cat? _____ Cleaning litter box? _____

If your family unit changed (marriage, divorce, new baby), would you keep the cat? Yes No

Under what circumstances would you need/want to give up a pet? _____

What type of cat are you looking for?

- | | | | | |
|------------------------------------|----------------------------------|---------------------------------|---|---|
| 1. <input type="checkbox"/> Adult | <input type="checkbox"/> Kitten | <input type="checkbox"/> Either | 4. <input type="checkbox"/> With claws | <input type="checkbox"/> Declawed |
| 2. <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Either | 5. <input type="checkbox"/> Short-hair | <input type="checkbox"/> Long-hair |
| 3. <input type="checkbox"/> Indoor | <input type="checkbox"/> Outdoor | <input type="checkbox"/> Both | 6. <input type="checkbox"/> Companion for me/us | <input type="checkbox"/> Companion for another person |

Please describe any particular characteristics you are looking for in a cat _____

Where will the cat stay during the day? _____

Where will the cat sleep at night? _____

Where will the cat eat? _____ Where will you keep the litter box? _____

If the cat gets lost, what steps would you take to find it? _____

What will you do if your new cat doesn't get along with your current pet(s)?

Your cat may take two months or more to adjust to its new home. Are you willing to allow this much time for the adjustment? Yes No If no, why not? _____

Will you allow a **CFPC** representative to conduct pre- and/or post-adoption home visits? Yes No

How did you hear about **CFPC**?

Signature _____

Date _____

Adoption Contract

Name		Home email	
Address		City	State Zip
Phone number	Veterinarian		Drivers license number

Regarding the _____ described as follows :

Name		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Breed/Color	Description	

I agree that the animal purchased on this date _____ is for myself and will not be sold, adopted, or given to another party in any event and that the animal will be returned to the original caregiver in the event it can not be cared for without requesting a fee. _____ (Initial) For the amount of \$ _____

I agree the animal will be spayed/neutered within 60 days of this contract being executed. _____ (Initial)

I agree the animal is to live in a private residence as a companion animal and will not be allowed outdoors without proper supervision. _____ (Initial)

I agree the animal will never be given to any medical facilities whose purpose is to experiment or cosmetically alter the animal. _____ (Initial)

I agree that under no circumstances will the animal be declawed or otherwise altered in any way unnecessary to their health or quality of life. _____ (Initial)

I agree to care for the animal in a humane manner and be a responsible guardian. This includes providing adequate food, water, shelter, attention, and medical care. _____ (Initial)

I agree that the original caregiver may contact me at a reasonable time to check on the adopted animal. _____ (Initial)

I agree that I have never been convicted of cruelty to animals at any time, and have no court orders stating that I may not adopt or care for any animal. _____ (Initial)

I agree there are no guarantees about the temperament or physical condition of the animal being adopted and the original caregiver is not responsible for any damages or injuries caused by the animal in the future or any medical conditions the animal may have. _____ (Initial)

I agree that this contract never expires for the lifetime of the animal. _____ (Initial)

I agree that if the contract is broken or the animal is in an unsafe environment under the opinion of the original caregiver that the animal will be confiscated from me by the original caregiver. _____ (Initial)

I agree to all of the above obligations of this contract and that I have signed truthfully and lack of truth will result in a breach of contract and that in the event of any such breach of contract, I authorize the original caregiver to confiscate the adopted animal from my residence. _____ (Initial)

This contract was executed at: _____
City State

ADOPTER: _____
SIGNATURE DATE

ORIGINAL CAREGIVER: _____
SIGNATURE DATE