



Cause for Paws Cares

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Cause for Paws Cares, Inc.
501(c)(3) Nonprofit Organization
- 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 _____