

Clarion PAWS Application

Please fill out completely



Please tell us a little about you

____/____/____
Application Date

Applicant's Name: _____ Phone: _____

Co-Applicant's Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please list everyone in your household (including children living at home and their ages) _____

- **Please tell us the reason you are interested in adopting a cat:** ____ For children ____ Companion for Pet
____ Companion for self/family ____ As a gift ____ Mouser ____ Barn cat ____ Other
- **What age of cat you are interested in:** ____ Kitten ____ Young ____ Adult ____ Senior ____ Special Needs
- **What Lifestyle will your cat have:** ____ Indoors ____ Indoors & Outdoors ____ Outdoors ____ Barn
- **Is there a specific cat(s) you are interested in?** _____

- Do you rent or own? _____ If renting how many pets are you permitted to have? _____
If renting is there a security deposit required per pet? _____
- Would you consider moving to a rental property that doesn't allow pets? _____

Please comment: _____

Please Provide one personal reference

Name: _____

Phone : _____

Please provide your Veterinarian's Information

Name _____

Phone _____

May contact your Veterinarian for a reference? _____

If renting please provide your landlord's information

Name _____

Phone: _____

We will check with your landlord regarding pet policies

CLARION PAWS USE ONLY

Personal reference verified by

_____/_____/_____

Vet Reference verified by:

_____/_____/_____

Landlord/Housing verified by:

_____/_____/_____

APPROVED by:

_____/_____/_____

CAT(S) ADOPTED

_____/_____/_____

DENIED - Notes/Reason _____

Please list all current pets in your home:

Type	Age	Name	Unfixed/ Fixed	Do they go outside?
_____	_____	_____	U F	Y N
_____	_____	_____	U F	Y N
_____	_____	_____	U F	Y N
_____	_____	_____	U F	Y N
_____	_____	_____	U F	Y N

Have you previously owned any pets? _____ If yes, please explain what happened to them:_____

If you have Cats at home, are they:

- Feline Leukemia (FELV) Positive? _____
- Feline Immunosuppressive Virus (FIV) Positive? _____
- Current on their vaccinations? _____

Adoption & Care Considerations:

- If your adopted cat should develop behavioral problems (scratching, not using the litter box, etc.), are you willing to work through the problems with your cat? Yes or No
- Do you expect any of your current pets to have trouble adjusting to a new cat in the house? Yes or No
If yes, what measures will you take to help with the adjustment or if there is a problem?

- Do you accept responsibility for ensuring all animals in your home see a vet at least yearly? Yes or No
- How much would you estimate your annual expenses for a cat to be? _____
- If your pet should become ill, can you afford veterinary expenses? Yes or No
- Who will be responsible for the daily care of the cat? _____
- Is anyone in your household allergic to cats? Yes or No

● Under what circumstances would you not keep your cat?
(please check all that apply)

- There is NO Reason
- New Baby
- Your Illness
- Cat's Illness
- New Job
- Divorce
- Move
- New Pet in home
- Cat's Behavior (please specify what behavior _____)
- Other _____

● Do You Travel? _____

● Are you Responsible for Military Duty?

● If "Yes" to either of these questions, who will provide for your animal(s) in your absence?

● Have you made arrangements for the care of your pets in case you can no longer care for them?
