

PAWS Use Only!

Adoption DATE / / CAT() ADOPTED FEE(S) + DONATIONS = TOTAL Check #
 Cash (please circle)
 Paypal
 Venmo

Adoption Completed by PAWS Representative Notes

Applicant Approved by PAWS Representative Approval Date Planned Pick-up



Application Date

Clarion PAWS Adoption Application

Return to: ClarionPAWSAdoptions@Gmail.com

Applicant's Name:

Email: Cell Phone: () Land Line: ()

Street City State Zip code

Co-Applicant's Name: Phone ()

Please list everyone living in your household (including children & their ages)

- Please tell us why you are interested in adopting a cat: As a gift Mouser Barn cat For children Companion for Pet Companion for self/family Other
- What type 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 particular cat(s) you are interested in? Have you met in person yet?
- Are you planning on having your new cat declawed?

REFERENCES: Please let them know to expect my call from 814-797-5551 and be certain your vet has permission to release your pet's vet history. Do you rent or own your home?

Your Personal Reference	Your Veterinarian's Information	If renting your Landlord's info
NAME <input type="text"/>	NAME <input type="text"/>	NAME <input type="text"/>
(<input type="text"/>) CELL PHONE #	(<input type="text"/>) PHONE #	(<input type="text"/>) CELL PHONE #
(<input type="text"/>) LAND LINE #	NAME OF OWNER ON ACCOUNT <input type="text"/>	(<input type="text"/>) LAND LINE #

PAWS	PAWS	PAWS
DATE <input type="text"/> CONTACTED BY <input type="text"/>	DATE <input type="text"/> CONTACTED BY <input type="text"/>	DATE <input type="text"/> CONTACTED BY <input type="text"/>

- Under what circumstances would you **not** keep your cat? **(please check all that apply)**
- New Baby Move Cat's Behavior (please specify behavior)
- Your Illness Divorce
- Allergies New Pet in home Other (please specify reason)
- Cat's Illness There is No Reason
- New Job I would give it up

Pets Currently living in your home:

Name of Pet	Age	Type of Animal (Cat/Dog/etc.)	Are they Fixed ?	Current on vaccines?	Do they go outside?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- Do you currently have cats living in your home ? _____

If yes, are they:

- Feline Leukemia (FeLV) Negative? _____
- Feline Immunodeficiency Virus (FIV) Negative? _____
- Current on all of their vaccinations? _____
- Have You Previously Owned Pets? _____

If yes, why are they no longer with you? _____

- What arrangements have you made for your pets in the event of your death or in case you can no longer care for them? _____

- Have you discussed this with the person taking them, and have they agreed? _____

REV: 1/2024



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? _____
- Do you expect any of your current pets to have trouble adjusting to a new cat in the house ? _____
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? _____
- How much would you estimate your annual expenses for a cat to be? _____
- If your pet should become ill, can you afford veterinary expenses? _____
- Who will be responsible for the daily care of the cat? _____
- Is anyone in your household allergic to cats? _____
- Do You Travel or are you responsible for Military duty? _____
- If "Yes", who will provide for your animal(s) in your absence? _____
- If you rent your home:
 - Is there a security deposit required per pet? _____
 - How many pets are you allowed to have at your rental property? _____
 - Would you consider moving to a rental property that doesn't allow pets? _____