



## PURR PAWS ADOPTION APPLICATION

18062 FM 529 Rd, Suite 161

Cypress, TX 77433

www.purrpawsrescue.org

Phone: 832-295-4972

Fax: 1-888-667-8966

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Alternate Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Personal Reference \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ You must be over 21 to adopt. Are you 21 or older? Yes No

How did you hear about **Purr Paws**? \_\_\_\_\_

Are you interested in (select one): cat \_\_\_\_\_ kitten \_\_\_\_\_ Name of pet \_\_\_\_\_

What do you know about Feline Leukemia and Feline Immunodeficiency Virus? \_\_\_\_\_

**To ensure that this adoption is in the best interest of both you and the pet you selected, we ask that you answer the following questions:**

1. Have you ever had a cat/kitten before? \_\_\_\_\_

2. Please tell us why you would like to adopt a pet? \_\_\_\_\_  
\_\_\_\_\_

3. Do you live in a (circle one): House Apartment Condo Trailer Other \_\_\_\_\_

Do you (circle one): Rent/Lease Own Landlord & Phone #: \_\_\_\_\_

4. Are you planning to move in the next six (6) months? \_\_\_\_\_

5. I am adopting this animal for (circle one): myself children gift other \_\_\_\_\_

6. Please list below all the people your new companion animal will be living with:

Name	Age	Relationship
------	-----	--------------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

7. Does the whole family agree to the adoption of a pet at this time (circle one)? Yes No

8. Are there any children that visit your home frequently (circle one)? Yes No

**If yes, what are their ages?** \_\_\_\_\_

9. Are there any regular visitors to your home, human or animal, with which your new companion must get along (circle one)? Yes No Describe: \_\_\_\_\_

10. Is any member of your household allergic to cats/dogs (circle one)? Yes No

**If yes, who?** \_\_\_\_\_

11. What will happen to this animal if you move unexpectedly? \_\_\_\_\_  
\_\_\_\_\_

12. How many hours during an average workday will your pet spend without a human? \_\_\_\_\_

13. What kind of behavior (from the animal) do you find unacceptable? \_\_\_\_\_

(Please complete both sides of application.)

14. Do you plan to declaw? Yes No Under what conditions would you declaw? \_\_\_\_\_

15. What will happen to this pet when you go on vacation or in case of an emergency? \_\_\_\_\_

16. Do you have a regular veterinarian (circle one)? Yes No

Give clinic name & address or phone number: \_\_\_\_\_

17. Do you have any other cats/dogs? Please list below:

Type (Cat, Dog, etc)	Breed	Neutered/Spayed	Owned for How Long
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

18. Have you had any pets in the past? Please list below:

Type of Pet	Breed	Neutered/Spayed	Owned for How Long
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

19. Do you want this animal to be (circle one): inside only outside only inside/outside don't know

Where will this animal be kept during the day? \_\_\_\_\_

Night? \_\_\_\_\_ When you're not home? \_\_\_\_\_

20. Does your home have a pet door? \_\_\_\_\_ Yes \_\_\_\_\_ No

**I certify that the above information is true and understand that false information may result in nullifying this adoption.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**WE RESERVE THE RIGHT TO REFUSE AN ADOPTION!!**

Thank you for completing the Adoption Application. Please return it to an adoption counselor so that we may review it with you. The entire adoption procedure usually takes about an hour.

**ADOPTION STAFF ONLY**

Comments: \_\_\_\_\_

Driver's License # (or other Photo ID): \_\_\_\_\_

Results (circle one): A D Staff: \_\_\_\_\_ Date: \_\_\_\_\_

(Please complete both sides of application.)