



The POUND ANIMAL WELFARE SOCIETY, INC  
P.O. Box 149 Montclair, New Jersey 07042  
973-746-5212

### Pre-Adoption Application - **CAT**

#### **Personal Information**

Name \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_  
Street Apt # Town State Zip

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email address \_\_\_\_\_@\_\_\_\_\_

#### **Tell us about you!**

How did you hear about PAWS? \_\_\_\_\_

Have you ever adopted an animal from our shelter before?  
When? \_\_\_\_\_ Dog/Cat \_\_\_\_\_

Why do you want a cat? House Pet/Companion \_\_\_ Gift \_\_\_ Hunter/Mouser \_\_\_ Other (Please explain)

Are you willing to adopt: **a cat with special needs?** Yes/No/Maybe  
**an elderly cat?** Yes/No/Maybe

Please provide us with at least 2 references, one being a veterinarian if possible:

1) \_\_\_\_\_

2) \_\_\_\_\_

#### **Household Information**

Circle: Own Rent Live with parent/s Other

If you rent, or own a condo, townhouse or mobile home, list landlord's name & phone number.  
\_\_\_\_\_

How many adults live in the home? \_\_\_\_\_ Children? \_\_\_\_\_ Ages? \_\_\_\_\_

If you have children or plan to extend your family are you aware that you must supervise your new cat with your child for the safety of both the child and the cat? \_\_\_\_\_

Are you comfortable with the fact that the cat could bite or scratch your child? \_\_\_\_\_

Does anyone in the household have allergies to cats? Yes No

Who will be responsible for the pet care? \_\_\_\_\_

Who will be responsible for your pet if you should no longer be able to care for the cat?  
\_\_\_\_\_

If you were to move, what would you do with your cats? \_\_\_\_\_  
\_\_\_\_\_

Have you ever had to surrender a pet to a shelter? Y N If so, what were the circumstances?

### **Cat Information**

Experience with cats (circle): First time Had 1 or 2 had many

Do you plan to spay/neuter your cat? Yes No Maybe

Do you plan to declaw your cat? Yes No Maybe

Hours cat will be left alone each day: More than 9 6-8 Less than 6

Where do you primarily intend to keep the cat (circle):  
Indoors Basement Outdoors Garage Crate Confined

Do you plan on letting the cat outside? Yes No  
If yes, under what circumstances? \_\_\_\_\_

Owning a cat requires a financial commitment. Are you aware of the costs? Yes No

A cat is a lifetime commitment. How long do you think a cat can live? \_\_\_\_\_

Some pets may take 30 days or longer to adjust. Are you willing to give this pet time to adapt to its new environment and family members?

Who is your current veterinarian? Name: \_\_\_\_\_ Address \_\_\_\_\_

**Please List any current or recent pets you have had.**

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**Terms, Signature & Release (please initial and sign below)**

I understand there is a non-refundable adoption fee to help cover the expenses of spay/neuter, shots and general care for the cat? X \_\_\_\_\_

I understand in the event that the cat adoption does not work out, that I will return the cat to PAWS Animal Shelter. X \_\_\_\_\_

I understand that if I qualify and adopt a cat from PAWS Animal Shelter I will be contacted for further verification of the cat's welfare and will cooperate by providing requested information which MAY include a visit to your residence. X \_\_\_\_\_

I understand that cats require a vet visit at least once a year, and I am comfortable with the possibility of additional medical expenses if my pet becomes ill. X \_\_\_\_\_

I understand that PAWS Animal Shelter reserves the right to deny any request for any or no reason and that PAWS Animal Shelter may choose not to reveal specific reasons. X \_\_\_\_\_

I understand that if I violate this contract in any way or if I have not been truthful on this form, PAWS reserves the right to reclaim the cat at any time. X \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

PAWS Animal Shelter representative initials \_\_\_\_\_ Date: \_\_\_\_\_