



# Cat Adoption Application

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**Saving Paws  
Animal Rescue, Inc.**  
P.O. Box 0362  
Appleton, WI 54912  
(920) 830-2392  
cats@savingpaws.com  
**www.SavingPaws.com**

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### **Mission Statement:**

Saving Paws Animal Rescue Inc. is a non-profit organization dedicated to rescuing homeless, abandoned and special needs animals and finding new adoptive homes or providing lifelong sanctuary for them; we also seek to decrease the number of unwanted animals and the amount of animal cruelty in our community through outreach and education.

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### **For office Use Only:**

Approved    Not Approved   Reason:

\_\_\_\_\_  
Signature of Staff Volunteer

\_\_\_\_\_  
Initials of Staff/Volunteer   Date

**MUST BE 18 OR OVER TO APPLY**

**1. Describe in detail the type of personality you're looking for in a cat:**

\_\_\_\_\_

**2. Cat(s) Chosen** 1<sup>st</sup> Choice(s): \_\_\_\_\_ 2<sup>nd</sup> Choice(s): \_\_\_\_\_

**3. General Information:**

\_\_\_\_\_  
First Name Middle Initial Last Name Home Phone Cell Phone

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
E-mail Occupation

\_\_\_\_\_  
Employer Name Employer Address

**4. Property Information:**

House  Duplex  Apartment  Condo  Mobile Home  I own  I rent  I live with a parent or guardian

If you rent, landlord/condo manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Name(s) of addition occupants over 18: \_\_\_\_\_

Names and ages of children (if applicable): \_\_\_\_\_

Who is the cat for?  Myself  My family  Relative  Friend

Cat will be kept:  Indoors  Outdoors  Both indoors and outdoors

**5. Pet Information:**

Have you ever had a companion animal before?  Yes  No

Please list current and other pets you have owned in the past five years.

Type of Animal	Pet's Name	Sex	Spay/Neuter	Age	Still have?	If no, why not?
_____	_____	M/F	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	M/F	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	M/F	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	M/F	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	M/F	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

**6. Have you ever surrendered a pet to a shelter?  Yes  No**

If yes, please explain:

**7. Have you ever had a pet euthanized?  Yes  No**

If yes, please explain:

8. If you have other pet(s) will they adjust to a new pet entering the household? Yes No

9. Why do you want this cat?

10. Does any member in your house have allergies to cats? Yes No

11. How many hours each day will the cat be without human company? \_\_\_\_\_  
Explain:

12. Will you keep the cat up-to-date on vaccinations? Yes No

13. If you go away for a few days, or on a vacation, who will take care of the cat?

14. If you move will you take the cat with you? Yes No  
Explain:

15. Will you declaw this cat/kitten? No Yes, front only

\*Please Note: signing this form, I agree that I will NOT four-paw declaw. Saving Paws Animal Rescue does not allow four-paw declawing of any cat adopted from this organization.

16. How much are you willing to spend on medical bills for your cat?

17. What would you do if the vet bills go over this amount?

18. Have you ever applied to adopt from Saving Paws Animal Rescue in the past?  Yes No  
If so, when? \_\_\_\_\_

19. Are you willing to take responsibility for this cat for the next 15 to 20 years? Yes No

20. What is your plan if you are unable to care for this cat?

21. Please list your current veterinarian and any vets you have used in the past 10 years.

Vet Clinic & Veterinarian Name(s): \_\_\_\_\_

Current Veterinarian Phone: \_\_\_\_\_

22. Please provide two non-related references:

_____	_____	_____
Name	Best time & Number to call	E-mail
_____	_____	_____
Name	Best time & Number to call	E-mail

23. Have you ever volunteer for a shelter before? Yes No If so please list where and for how long? \_\_\_\_\_

**Additional Information:**

\* If you rent, a copy of your lease and addendum for pets must be presented to Saving Paws Animal Rescue.

\* By signing this adoption application, you agree to provide vaccinations, health check-ups and any additional veterinary care, by a qualified veterinarian, on a yearly or as-needed basis.

\* By signing this adoption application, you agree to have this pet spayed or neutered if he/she is not already sterilized. A deposit may be required for non-sterilized animals, which will be returned to you upon receipt of a signed letter from your veterinarian indicating date of spay/neuter surgery.

\* Your adoption fee is a donation to Saving Paws Animal Rescue and is nonrefundable.

\* When adopting a cat or puppy, please bring a collar and leash along when picking up your new pet.

By signing this form, I/we acknowledge that the information on this form is true and correct. I/we agree to all provisions indicated on this form. I/we understand that any misrepresentation of fact may result in Saving Paws Animal Rescue Inc. refusing adoption privileges to me/us. If my/our request for adoption is approved and later Saving Paws Animal Rescue Inc. discovers the above information is not true or correct, this application becomes null and void, and because of my breach of contract, Saving Paws Animal Rescue Inc. reserves the right to remove the adopted pet from my home, and I will be held responsible for any associated legal costs incurred as part of said reclamation process. In order to ensure the best homes for our rescued pets, we reserve the right to deny any adoption application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Thank you for applying to adopt a pet from Saving Paws Animal Rescue! Please allow 24 to 72 hours to process your application.*