



# ADOPTION APPLICATION

info@purrsandwhiskers.org  
www.purrsandwhiskers.org  
www.facebook.com/purrsandwhiskers  
58 Cookson Drive  
Stafford, VA 22556  
540-300-7295 (PAW5)

Thank you for your interest in adopting from Purrs & Whiskers, Inc! *Adopters must be at least 18 years of age.* Please fill out this questionnaire so we may be able to properly assist you in your adoption. **Please Note:** Submitting an application does not guarantee you will receive a P&W cat. We reserve the right to deny anyone to adopt a cat/kitten without explanation. P&W is selective in our placement to assure that they are in their adoptive homes for the remainder of their lifetimes. **Incomplete applications will not be processed.** Please e-mail application to: [info@purrsandwhiskers.org](mailto:info@purrsandwhiskers.org)

Today's Date: \_\_\_\_\_

1. Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. Names & ages of all members of your household (*include names listed above*):

<u>NAME</u>	<u>AGE</u>

4. Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

5. Home Phone #: \_\_\_\_\_

6. Cell Ph #: \_\_\_\_\_ Spouse's Cell Ph #: \_\_\_\_\_

7. E-mail address(es): \_\_\_\_\_

8. Name (or type) of cat you're interested in: \_\_\_\_\_

9. List of current/former pets: \_\_\_\_\_

**PLEASE SKIP #9 & COMPLETE ADDITIONAL PAGE (pg 5)**

10. Veterinarian information: Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

11. By signing this application, I authorize my pets' full medical records to be released to Purrs & Whiskers, Inc. for a routine "vet check." \_\_\_\_\_ Initials

12. Do you live in:

- House    Apartment    Condo    Duplex    Mobile Home

13. Do you:

- Own    Lease    Rent    Live with parents   Are there any restrictions?    Yes    No

If you rent, do you have permission from your landlord to have pets?    Yes   or    No

14. How long have you lived at this address? \_\_\_\_\_

15. What is the noise/activity level of your home?

- Quiet/Very few visitors    Moderate/Some visitors coming & going  
 Active/Frequent visitors    Very active/Lots of noise and visitors

16. Are you or your spouse active in the military?    Yes   or    No

17. If you move, what will you do with your animal(s)? \_\_\_\_\_

18. If yes, will you take this cat with you?    Yes   or    No

19. Why do you want a cat?

- |   |  |
|---|--|
| <input type="checkbox"/> Family Cat   | <input type="checkbox"/> Companion for me                  |
| <input type="checkbox"/> For a family member under 18                         | <input type="checkbox"/> For my spouse or live-in relative |
| <input type="checkbox"/> Gift or surprise for someone special in my household | <input type="checkbox"/> Playmate for current cat          |
| <input type="checkbox"/> Breeding purposes                                    | <input type="checkbox"/> Playmate for other animal         |

19. Will this cat be kept:    Indoors    Outdoors    Both

- |   |  |                                    |   |
|---|--|------------------------------------|---|
| <input type="checkbox"/> Indoor Only  | <input type="checkbox"/> Outdoor Only                  |                                    |   |
| <input type="checkbox"/> Indoor/Outdoor   | <input type="checkbox"/> Barn Cat                      |                                    |   |
| <input type="checkbox"/> Indoor only/designated areas of the home   | <input type="checkbox"/> Indoor only/full run of house |                                    |   |
| <input type="checkbox"/> Indoor only with occasional supervised access to the outdoors, such as: (check all that apply) |  |                                    |   |
| <input type="checkbox"/> On a leash   | <input type="checkbox"/> In the yard                   | <input type="checkbox"/> On a deck | <input type="checkbox"/> Other (please explain) |

20. Will this cat be spayed/neutered?    Yes   or    No

21. Have you ever declawed in the past?    Yes   or    No

22. Do you intend to have this cat declawed?    Yes    No    Maybe

23. How often do you plan on taking your cat to the vet? (Check all that apply)

- When they are sick/injured    Yearly exam and vaccinations  
 Only if absolutely necessary    Never

24. Where will the cat go when you are on vacation/leave for a weekend/What arrangements will be made for your pet(s)? \_\_\_\_\_

25. What will happen if you are unable to care for the cat at any point? (Such as if a child develops allergies, one passes away, or other things one cannot control)

26. Under what circumstances might you decide not to keep a pet? (Check all that apply)

- Moving                       New Baby                       New Job                       Illness/Allergies                       Divorce  
 Problems with pet's health                       Problems with pet's behavior                       Expensive vet bills                       Other (please explain)

27. What is your past experience with cats? (Please check all that apply)

- First time cat owner                       Had one or two  
 Had cat(s) growing up                       Experienced cat owner (had cats with special needs, behavioral issue, etc.)

28. What behaviors do you consider a problem and how would you handle them? \_\_\_\_\_

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29. **How did you hear about P&W?**     Word of mouth     Petfinder.com     Adoptapet.com  
 P&W website     P&W Facebook page     Other \_\_\_\_\_

**Please read these statements carefully and initial if you agree to each.**

\_\_\_\_\_ **I certify** that I am at least 18 years of age and the information I have provided on this application is true. I also recognize that any misrepresentation or omission may result in the loss of privilege to adopt from Purrs & Whiskers, Inc. (P&W)

\_\_\_\_\_ **I understand** that P&W has the right to deny any application, and even if I am applying for a certain cat I understand that cats are adopted to the best home and not first come first serve. My application may still be approved but may be better suited for another cat.

\_\_\_\_\_ **I understand** that P&W is not able to guarantee the health or temperament of any cats, as many cats come in with unknown histories. These are traits that could change upon adoptions and I take responsibility to care for and address these issues if they do arrive.

\_\_\_\_\_ **I understand** that anything could happen in life, and if I find that I am no longer able to care for adopted cat, I agree to contact P&W by phone and/or e-mail to discuss return/or need for help of adopted animal.  
P&W will be here to address any concerns and or issues you may be having with your newly adopted family member.

**When you acquire a pet:**

**You accept the responsibility for the health and welfare of another living thing. You are also responsible for your pet's impact on your family, friends, and community. A pet will be part of your life for many years. Invest the time and effort necessary to make your years together happy ones. When you choose a pet, you are promising to care for it for its entire life.**

**Choose wisely, keep your promise, and enjoy one of life's most rewarding experiences!**

Sign \_\_\_\_\_ Date \_\_\_\_\_

# cat adopter survey



1	I would consider my household to be like	<input type="checkbox"/> A Library	<input type="checkbox"/> Middle of the Road	<input type="checkbox"/> A carnival	
2	I am comfortable with a cat that likes to play "chase my ankles" and similar games	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Yes	
3	I want my cat to interact with guests that come to my house	<input type="checkbox"/> Little of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> All of the time	
4	How do you feel about a boisterous cat that gets into everything?	<input type="checkbox"/> Love them but rather not live with them	<input type="checkbox"/> Depends on the situation	<input type="checkbox"/> Fine by me	
5	My cat needs to be able to adjust to new situations quickly	<input type="checkbox"/> Not important	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Yes	
6	I want my cat to love being with children in my home	<input type="checkbox"/> It is not important whether my cat loves being with children	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Children do not often come to my house
7	My cat needs to be able to be alone	<input type="checkbox"/> More than 9 hours per day	<input type="checkbox"/> 4 to 8 hours per day	<input type="checkbox"/> Less than 4 hours per day	
8	When I am home, I want my cat to be by my side or in my lap	<input type="checkbox"/> Little of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> All of the time	
9	I want my cat to enjoy being held	<input type="checkbox"/> Little of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> All of the time	
10	I need my cat to get along with (mark all that apply)	<input type="checkbox"/> Dogs	<input type="checkbox"/> Cats	<input type="checkbox"/> Birds	<input type="checkbox"/> Other _____
11	My cat will be	<input type="checkbox"/> Inside	<input type="checkbox"/> Inside and Outside	<input type="checkbox"/> Outside	
12	I have lived with cats before	<input type="checkbox"/> No	<input type="checkbox"/> Yes Date _____	<input type="checkbox"/> Currently	
13	I prefer my cat to be talkative	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> It's not important if my cat is talkative	
14	I want my cat to play with toys	<input type="checkbox"/> Little of the time	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	
15	I want my cat to be active	<input type="checkbox"/> Not very active at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Yes, very	
16	It is most important to me that my cat _____				

FOR OFFICE USE ONLY	RECOMMENDED COLOR MATCH: PURPLE ORANGE GREEN RECOMMENDED FEINAL-ALITY (IES) _____
COMMENTS	

## CURRENT & PAST/FORMER PETS *(Including Deceased)*

PRIMARY VETERINARIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

***Please call your vet to let them know we will be calling and authorize them to speak with us.***

Do you use vaccine clinics (IE: Vetco)? YES  / NO       If Yes, please provide copies of proof of vaccines/services along with your application.

PET NAME: _____ <input type="checkbox"/> DOG <input type="checkbox"/> CAT <input type="checkbox"/> OTHER _____	BREED: _____ STILL LIVING? YES <input type="checkbox"/> / NO <input type="checkbox"/> Deceased when? _____ What happened? _____ _____ _____	PET'S AGE: _____ SPAYED/NEUTERED? YES <input type="checkbox"/> / NO <input type="checkbox"/> OWNED HOW LONG? _____ DECLAWED? YES <input type="checkbox"/> / NO <input type="checkbox"/> This pet is: <input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR <input type="checkbox"/> BOTH	Date of last annual exam? _____ Up-To-Date on all vaccines? YES <input type="checkbox"/> / NO <input type="checkbox"/> On flea/tick preventative? YES <input type="checkbox"/> / NO <input type="checkbox"/> Brand: _____ On heartworm preventative? YES <input type="checkbox"/> / NO <input type="checkbox"/> Brand: _____
PET NAME: _____ <input type="checkbox"/> DOG <input type="checkbox"/> CAT <input type="checkbox"/> OTHER _____	BREED: _____ STILL LIVING? YES <input type="checkbox"/> / NO <input type="checkbox"/> Deceased when? _____ What happened? _____ _____ _____	PET'S AGE: _____ SPAYED/NEUTERED? YES <input type="checkbox"/> / NO <input type="checkbox"/> OWNED HOW LONG? _____ DECLAWED? YES <input type="checkbox"/> / NO <input type="checkbox"/> This pet is: <input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR <input type="checkbox"/> BOTH	Date of last annual exam? _____ Up-To-Date on all vaccines? YES <input type="checkbox"/> / NO <input type="checkbox"/> On flea/tick preventative? YES <input type="checkbox"/> / NO <input type="checkbox"/> Brand: _____ On heartworm preventative? YES <input type="checkbox"/> / NO <input type="checkbox"/> Brand: _____
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