



Tiny Paws Kitten Care of Rhode Island Adoption Application

Applicant Information

Full Name: _____

Application Date: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone (Cell): _____

Email: _____

Driver's License #: _____

Employer _____

1. Why do you want to adopt a cat?

2. Is there a specific cat/kitten you are interested in?

_ Yes _ No If yes, name of cat: _____

3. Is anyone in the household allergic to cats or animals? __ Yes __ No

4. Who lives in the household? Please list Names and ages.

4. Do you currently have or previously had other pets?

☐ Yes ☐ No

If yes, please list below:

Name	Age	Breed	Living or Deceased	Vaccination Info	Primary Vet	Spayed/Neutered

5. Do you have any or have you ever declawed a cat? Yes/No

6. Do you live in a:

☐ House ☐ Apartment ☐ Mobile Home ☐ Condo

Do you: ☐ Own ☐ Rent ☐ Live with parents

- If Renting, do you give us permission to contact your landlord?
- Landlord name and phone number _____

7. Where will your cat spend most of its time? _____

☐ Indoors only ☐ Ys Outdoors mostly ☐ In/out during the day ☐ Other: _____

8. Have you ever adopted from a rescue group?

☐ Yes ☐ No If yes, which group & when? _____

9. Have you ever brought an animal to a shelter or given one away?

☐ Yes ☐ No If yes, explain: _____

10. Would you move if you couldn't take your pets?

☐ Yes ☐ No If yes, what would you do with your pets? _____

11. Are you willing to be responsible for the cat for its entire life (20+ years)?

☐ Yes ☐ No

12. Are you prepared for the cost of ownership (vet care, food, litter, etc.)?

☐ Yes ☐ No

13. If you cannot keep the cat, do you agree to return it to Tiny Paws Kitten Care of RI?

☐ Yes ☐ No

14. Do we have permission to contact your veterinarian?

☐ Yes ☐ No

Vet Name/Address/Phone: _____

15. Emergency Care Plan (if something happens to you):

Name/Phone/Address: _____

Signature: _____

Date: _____

Email completed form to: tinypawsri@gmail.com