



A PAWSITIVE APPROACH (APA) – Cat Adoption Application

We strive to match animals with the best home for its needs to ensure a lifetime of safety, love, and companionship.

Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Over 21: Yes No

Employer: _____ Work Phone: _____

E-mail Address: _____

1. Name of cat(s) you are interested in adopting? _____
2. Why do you want to adopt at this time? _____
3. When did you decide to get a new cat: _____
4. I am interested in a cat(s) as: Companion for Me. Companion for my kids. Playmate for another pet. Gift Other
5. What qualities are you looking for in a cat? Male Female Long Haired. Short Haired. Calm Active Declawed
OK as only Pet. Good with Dogs. Good with Cats. Good with Kids.
6. My New Cat Will Be: Strictly Indoors - Never go outside Indoors - with supervised outside playtime
Indoor/Outdoor Strictly Outdoors – Barn Cat/Mouser
7. Do you have a Pet Door? Yes No
8. Do You Have a Catio or Enclosed/Porch/Patio Play Area For Your Kitty?
9. Are screens in windows/doors in good condition and cat proof? Yes No
10. Are any of your screens loose or do they slide? Yes No
11. How would you describe your home environment? Calm & Quiet Busy & Active Somewhere in Between.
12. Do you travel frequently: Yes No Who will care for your cat(s) when you are away? _____
13. Does anyone in your family smoke cigarettes/cigars? _____
14. This pet will be without human companionship for about _____ hours per day, _____ days per week.
15. Where will your pet be kept during the day or when no one is home? _____
16. Where will your pet be kept during the night? _____
17. Where will you keep the litter box? _____
18. What type of litter will you use? _____
19. What type of food will you feed your new cat? (We have recommendations) _____
20. What will you use for flea control? (We have recommendations) _____
21. Household occupants: Number of adults: ____ Number of children: ____ Ages/Sex of children: ____
22. Is anyone in your family allergic to animals? Yes No Not Sure
23. Do all family members agree to get a new cat: Yes No Not Sure
24. Do you have roommates or frequent visitors? Yes No
25. What type of dwelling do you reside in? House Apartment Condo Trailer Other _____
26. Do you own or rent your residence? Rent Own Live with Parents. Other _____
27. If you rent, does your landlord allow pets: Yes No If yes, is there a pet deposit: Yes No
28. Landlord's Name: _____ Phone: _____
29. Would you or have you ever surrendered a pet to a shelter/pound? Yes No _____
30. Have you ever had a cat declawed? Yes No Do you plan to declaw this cat: Yes No

31. Have you ever lost a pet? Yes No If yes, what did you do to find the pet? _____
32. What will you do with your pets if you move in the future? _____
33. Are you prepared for the financial responsibility of \$500+ per year to care for your pets? Yes No Not Sure.
34. Cats can often live 15 – 20 years. Are you prepared to make a lifetime commitment to this cat? Yes No Not Sure.
35. Have you ever applied to adopt from any other private pet adoption organization? Yes No Not Sure.
36. If yes, what happened with the application? Adopted Did not find the right pet. Declined _____
37. Will you allow up to two months for the cat to adjust to a new home, especially if you have other pets? Yes No Not Sure.
38. What type(s) of pets do you currently own or have you owned in the past 10 years?

Pet Name	Type	Pet kept Indoor/outdoor Both	Sex M/F	Sprayed Neutered Yes/No	Declawed Yes/No	Pets age	Do you still own this pet? If No, Please Explain

39. Under what circumstances would you not be able to keep the cat you are about to adopt? (Please circle all that apply) Pregnancy/baby Job change/loss Expensive vet bills Cat becomes disabled Divorce/separation New house/apt. Conflicts with other pets Requires daily treatment Family member is allergic Scratches carpet/drapes/furniture Sprays/litter box issues Needs to much attention Behavioral problems Needs a special diet Other (Please specify): _____
40. If you have to give up this cat for any of the above reasons, what will you do with the Cat?

41. Who will be primarily responsible for the care of the cat? _____
42. Who is your vet? _____
43. Do you intend to move within the next six months? _____
44. Do you have ongoing construction in your current home? _____
45. Do you have any objections to a home visit? Yes No

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation may result in my losing the privilege of adopting a pet. I authorize investigation of all statements on this application.

Signature: _____ Date: _____

Some of our cats have experienced psychological trauma as strays or because of abandonment by their previous owners. Therefore, if you are denied adopting of a cat, we ask that you not feel offended, but realize that we do not share the same philosophies regarding cat care.

Thank You for Your Understanding.