



LOVE ALL PAWZ RESCUE

**CAT ADOPTION APPLICATION**

**Kittens to 7 months \$125.00/ 2 \$200.00**

**Adult Cat \$100.00/ 2 \$150.00**

**Senior Cat 7 years and over \$50.00**

**PEASE PRINT CLEARLY**

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

Name of cat applying for: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number City State-Zip

How long have you been looking for a companion animal: \_\_\_\_\_

Do you own or rent\*: \_\_\_\_\_ (\*if renting, do you have the landlord's permission to have a pet): Yes No

Landlord's name and phone: \_\_\_\_\_

How long have you lived at present address: \_\_\_\_\_ How long lived in area: \_\_\_\_\_ Are you moving or relocating within the next six months: \_\_\_\_\_ If so, where: \_\_\_\_\_

Is everyone in the household agreeable to adopting a cat: \_\_\_\_\_ No. of adults in household: \_\_\_\_\_

No of children in household: \_\_\_\_\_ Ages: \_\_\_\_\_ Will you have children visiting: \_\_\_\_\_

If yes, how often: \_\_\_\_\_ Ages: \_\_\_\_\_

Who will be ultimately responsible for the care of this cat: \_\_\_\_\_

Will this cat be kept indoors or indoors/outdoors: \_\_\_\_\_

Does anyone in your household have allergies and/or asthma: \_\_\_\_\_

What would you do if someone developed allergies: \_\_\_\_\_

Reason for adopting (companion, company for another animal): \_\_\_\_\_

Are you willing and able to make a life-long commitment to this cat: \_\_\_\_\_

What will you do if your cat develops behavior problems that are unacceptable to you: \_\_\_\_\_

What type of behavior would be unacceptable: \_\_\_\_\_

How long will the cat be alone when no one is home: \_\_\_\_\_

Where will the cat be kept when someone is home: \_\_\_\_\_

What will you do with the cat if you will be gone for a few days: \_\_\_\_\_

Have you ever relinquished a pet to an animal shelter or anyone else: \_\_\_\_\_

If yes, explain why: \_\_\_\_\_

Have you ever had a cat declawed : If yes, explain why: \_\_\_\_\_

What is your estimate of the annual cost to care for this cat (i.e., food/shelter/veterinary care): \_\_\_\_\_

Do you currently have a veterinarian: \_\_\_\_\_ May we contact him/her: \_\_\_\_\_

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

**List all animals you currently have or have had in the past five years.**

DOG/CAT/OTHER	AGE	SPAYED/NEUTERED	HOW LONG OWNED	CURRENT STATUS

Do you object to a home visit by a Love All Paws Rescue, Inc. representative: \_\_\_\_\_

We make sure you have all the supplies needed for your new pet.

Comments

Is there any other information that you feel is important for us to know in consideration of you adopting this cat? \_\_\_\_\_

If 65 years or older or active military check here for 10% discount off adoption fee: \_\_\_\_\_

I acknowledge the adoption fee as stated above: \_\_\_\_\_ (initial)

**Adoption fee includes: Spay/neuter, FIV, FELV testing, vaccinations.**

I understand that completion of this adoption application does not guarantee adoption of the cat I am applying for and that LOVE ALL PAWS RESCUE, INC, reserves the right to deny adoption for any reason. I certify that the above information is true and correct, I am over the age of 18, and that any false information may void this application.

Signature

LOVEALLPAWZ.org

loveallpawzrescue@gmail.com

1250 Fairmont Dr. Suite A PMB #245  
San Leandro, CA 94578