



PAWSITIVELY CATS ADOPTION APPLICATION

PAWSitively CATS · 1145 N Woodland Ave / Tucson, AZ 85712 · (520) 289-2747 · www.pawsitivelycats.org

Completed applications may be emailed to savecats@pawsitivelycats.org

Completion of this form does not constitute a contractual agreement and remains the property of PAWSitively CATS

Name(s) of the cat(s) you are interested in adopting _____ Is this your first cat? Y / N

Why are you interested in adopting this cat? _____

Your name(s) _____

Address _____ City _____ St _____ Zip _____

How long at this address? _____ Hm Ph _____ Cell _____ Email _____

List other members in home _____ Ages of children _____

Are you at least 18 years old? Y / N Is everyone in the home aware you are adopting a cat? Y / N Is anyone in the home allergic to cats? Y / N

Do you own or rent your home? _____ Complex/Landlord _____ Are pets allowed? Y / N

Does your home have: A pet door? Y / N Secured yard? Y / N (height of wall or fence) _____ Will the cat have access to a porch or patio? Y / N

Place of employment _____ Wk Ph _____

List pets currently in your home _____

Are your current pets: Spayed/Neutered? Y / N Vaccines current? Y / N (Cats only) Tested NEGATIVE for felv and fiv? Y / N

If you own dogs, how will you ensure this cat's safety? _____

List your Veterinarian/Clinic _____ Do we have permission to contact them? Y / N

When was your last Vet visit? _____ Reason for visit _____

List pets you have had in the past 10 years? _____

Where are they now? _____

Have you taken an animal to a shelter? Y / N If yes, please explain _____

Have you previously adopted from a shelter in Tucson? Y / N Might you declaw this cat? Y / N Are you aware of laser declaw surgery? Y / N

Where will the cat live? (Circle answer that applies) Inside and Outside Mostly Inside Inside only Outside only

On average, how many hours per day will the cat be outside? _____ Where will the cat sleep? _____

What will happen with this cat if you move? _____ Go on vacation? _____

Under what circumstances would you not keep this cat? _____

What arrangements would you make if you can no longer keep this cat? _____

Would you be agreeable to a scheduled home visit? Y / N Do we have permission to contact you in the future about this cat? Y / N

I understand that routine care will cost hundreds of dollars and emergency care can cost thousands of dollars for this cat? Y / N

I understand that this cat will be my responsibility for its entire life, which could even be a 15-20 year commitment? Y / N

IN SIGNING THIS APPLICATION, I AGREE THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT PAWSITIVELY CATS HAS THE RIGHT TO APPROVE OR DENY THIS APPLICATION. Upon approval, I acknowledge that if any of the information I have provided is found to be untrue, inaccurate or omitted that I am agreeing to a mandatory forfeiture of my legal rights and ownership of said cat(s) back to PAWSitively CATS and its Representatives.

(APPLICANT'S SIGNATURE) (Date)

APPROVED / DENIED by _____ (Date)
(PAWSitively CATS Representative)