



This application must be filled out prior to adoption from our program. Completion does not guarantee the applicant will be approved for adoption, and does not constitute a hold on a specific pet. The following information is needed in order to match your lifestyle with the appropriate pet. Accuracy in completing this application will help both PAWS and you determine the right pet for your family. To schedule an adoption appointment, or check availability of a specific animal, please call the Adoption Center 206-780-0656 or toll free 866-780-0656. PAWS Adoption Center is located at 8820 Miller Rd. Bainbridge Island. Mail completed applications to PO Box 10811 BIWA 98110.

Adoption Application

Your Family's Information

Name (first and last): _____ Date: _____
 Address : _____
 E-mail address: _____ phone number: _____
 Do you own or rent your home?: _____ How long at this address? _____
 How many times have you moved in the last 5 years?: _____ (If less than one year please list previous address & how long there): _____

If you have to move from your current home, will your pets move with you? yes no
 Would you consider moving someplace that doesn't allow pets? yes no

If you live in a rental please supply: Name of landlord/complex: _____ phone number: _____
Adoption Counselor initial one: _____ *rental check completed* _____ *pet permission from database*

How many people reside in your home: _____ ages: _____

Do you or anyone in your household currently have any serious health problems? yes no
 Can you provide a permanent home for a cat for 10-15 years? yes no
 Do you foresee any major changes in your life in the next 15 years, such as: marriage, childbirth, health problems due to age, going away to college, etc? yes no

Employer: _____ Spouse's Employer: _____

Do you have a regular veterinarian? Clinic Name: _____
 What do you expect annual pet care (vet care, flea prevention, etc.) to cost? _____

Do you want to adopt : _____ cat _____ kitten(s) _____ bonded adults
 Other preferences: _____

General Information

Who will be responsible for the daily care of this pet? _____
 How long do you expect it to take your new cat to adjust to its new home? _____
 What arrangements will you make for the pet when you travel? _____

Under what circumstances would you consider giving away a cat to a new owner?

<input type="checkbox"/> moving	<input type="checkbox"/> new baby	<input type="checkbox"/> not getting along with other pets	<input type="checkbox"/> divorce
<input type="checkbox"/> want to travel	<input type="checkbox"/> not using litterbox	<input type="checkbox"/> behavioral problems	<input type="checkbox"/> shyness
<input type="checkbox"/> allergies	<input type="checkbox"/> scratching furniture	<input type="checkbox"/> too time consuming	<input type="checkbox"/> shedding
<input type="checkbox"/> children lost interest/went away to school	<input type="checkbox"/> medical problems		
<input type="checkbox"/> dating/marriage to someone who does not like cats	<input type="checkbox"/> other: _____		

Do you plan on declawing your cat? yes no *Adoption Counselor initial:* _____
 Where will your cat spend his/her time? _____
 Will your cat be allowed access to the outdoors? yes no *Adoption Counselor initial:* _____

cat adopter survey



first name	last name	date
address	city	state zip
home phone () -	work phone () -	email

1	I would consider my household to be like	A library	Middle of the road	A carnival	
2	I am comfortable with a cat that likes to play "chase my ankles" and similar games	No	Somewhat	Yes	
3	I want my cat to interact with guests that come to my house	Little of the time	Some of the time	All of the time	
4	How do you feel about a boisterous cat that gets into everything?	Love them but rather not to live with them	Depends on the situation	Fine by me	
5	My cat needs to be able to adjust to new situations quickly	Not important	Somewhat	Yes	
6	I want my cat to love being with children in my home	It's not important whether my cat loves being with children	Some of the time	Most of the time	Children do not often come to my house

7	My cat needs to be able to be alone	More than 9 hours per day	4 to 8 hours per day	Less than 4 hours per day	
8	When I am at home, I want my cat to be by my side or in my lap	Little of the time	Some of the time	All of the time	
9	I want my cat to enjoy being held	Little of the time	Some of the time	Most of the time	

10	I need my cat to get along with (circle all that apply)				Dogs Cats Birds Other
11	My cat will be	Inside	Inside and Outside	Outside	
12	I have lived with cats before	No		Yes Date _____	Currently
13	I prefer my cat to be talkative	No		Yes	It's not important if my cat is talkative
14	I want my cat to play with toys	Little of the time	Sometimes	Often	
15	I want my cat to be active	Not very active at all	Somewhat	Yes, very	

16 It is most important to me that my cat _____
(fill in the blank)

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