



PAWS of Bainbridge Island
 www.pawsbainbridge.org 206-842-2451
 PO Box 10811 Bainbridge Island, WA 98110

Adoption Application

Date: _____

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 BI WA 98110.

Your Family's Information

Name (first and last): _____

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: _____ 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: _____

General Information

Who will be responsible for the daily care of this pet? _____

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"/> shyness | <input type="checkbox"/> behavioral problems |
| <input type="checkbox"/> allergies | <input type="checkbox"/> scratching furniture | <input type="checkbox"/> children lost interest/went away to school | <input type="checkbox"/> shedding |
| <input type="checkbox"/> medical problems | <input type="checkbox"/> dating/marriage to someone who does not like cats | <input type="checkbox"/> too time consuming | |
- other: _____

Do you plan on declawing your cat? yes no Adoption Counselor initial: _____

How long do you expect it to take your new cat to adjust to its new home? _____

Where will your cat spend his/her time? _____

Will your cat be allowed access to the outdoors? yes no Adoption Counselor initial: _____

New Pet Information

Why would you like to add a cat or kitten to your family (select all that apply):

family pet child's pet (age of child) companion
 companion for other pet mouser gift
 other (specify): _____

Are you looking for a :

cat male long hair
 kitten female short hair

I would consider adopting 2 bonded adult cats: yes no

I would like a declawed cat: yes no

I would like a cat that is used to being indoor only indoor/outdoor outdoor

*****Note: Kittens are adopted out as Indoor Only pets, unless an enclosure is provided**

personality preference: outgoing reserved talkative quiet
 mellow active playful mature
 snuggly lap cat hunter independent

color preference: _____

Will this pet be a surprise for any family members? If yes, please explain: _____

Pet Ownership History

Are you 1st Time cat owner had 1-2 cats before experienced cat guardian

Do you have a regular veterinarian? Name: _____ Phone: _____

What do you expect annual pet care (vet care, flea prevention, etc.) to cost? _____

How many pets reside in your home: _____

Dog/cat age: _____ sex: _____ spay/neutered yes no
Dog/cat age: _____ sex: _____ spay/neutered yes no
Dog/cat age: _____ sex: _____ spay/neutered yes no
Dog/cat age: _____ sex: _____ spay/neutered yes no
Other: _____

Tell us about your previous pets (in the last 5 years):

Anything else we should know to help find the right cat or kitten for your family:
