



For The Love Of Paws
12198 County Road 512, Fellsmere, Florida 32948
772-539-2417 • www.pawspetsanctuary.org

CAT ADOPTION APPLICATION

Name: _____ Phone: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Who will be the primary caregiver of the cat(s)?: _____

Reason for wanting a cat? Companion Mouser For children Gift Breeding

If employed please list employer: _____

Number of people in household: _____ List ages of all living in household: _____

I live in a: House Condo Apartment RV/Mobile Home Manufactured Home

Do you rent or own you home? Rent Own Live in Relative/Friend's Home

*If you rent you must notify your landlord that you have provided us with their contact information & that we may contact them to verify you are allowed to own a cat (*unfortunately, we must to do this due to past experience*).

Where will your cat(s) primarily live? Indoor only Indoor/Outdoor Outdoor only

Where will your cat sleep at night? _____

Do you have an enclosed lanai or patio? No Yes

Please list any pets you have owned in the last 5 years:

Breed:	Sex:	Age:	Spayed or Neutered?	Years owned:

What would you do if your cat stopped using the litter box? _____

(Continue on back of form if need more room)

Under what circumstances would you return a cat? _____

(Continue on back of form if need more room)

Who is your Veterinarian (if you have one)? _____

City: _____ State: _____ Zip: _____ Phone: _____

Reference Name: _____ Phone: _____

Relation to you: _____

Many factors determine which applicant will be matched with a particular pet. If you are not able to adopt a pet today, it does not mean that you are not considered a good pet owner or that your home is not acceptable. Our goal is to place all pets into homes that will best suit their individual needs. Please ask for clarification if you have any questions. I have completed this application truthfully and am committed to providing a permanent home for the lifetime of the cat(s).

Please sign here: _____