



Thank you for your interest in adopting a cat from PWP. This survey is to determine if the proposed adoption is in the best interest of both the pet and your family.

Date: _____

Name of Animal _____ Microchip # _____

Name: _____ Address: _____

City/State/Zip _____ Home phone: _____

Work/Cell Phone: _____ Driver's License # _____

Email address: _____

1. Will the cat reside at this address? Yes No
2. Do you live in House Apartment House Rural City
3. Do you Own Rent Live with parents
4. Will this be an inside cat only? Yes No
5. Landlord/Parent name: _____ Phone: _____
6. Number of adults in home: _____ Number of children and ages: _____
7. Is anyone in your household have allergies to animals? Yes No
8. Have you adopted from PWP before? Yes No
If yes, where is this pet now? _____
9. Is this your first pet? Yes No
If no, please list CURRENT PETS AND PETS OWNED IN RECENT PAST:

Name:	Dog or Cat	Age	Male/ Female	Spayed/ Neutered	Vaccines current?	Breed	Where Is animal now
	Dog/Cat		M / F	Yes / No	Yes / No		
	Dog/Cat		M / F	Yes / No	Yes / No		
	Dog/Cat		M / F	Yes / No	Yes / No		
	Dog/Cat		M / F	Yes / No	Yes / No		
	Dog/Cat		M / F	Yes / No	Yes / No		

10. Name of your veterinarian? _____
Name of practice _____ Phone # _____

11. Have you ever turned over a pet to a shelter or any Humane Society? Yes No

12. Where do you plan to keep this cat? _____

13. Do you agree to return this cat to PWP if you can no longer keep it? Yes No

14. If you find you cannot keep this cat, do you agree to make arrangements to keep the cat safe and healthy until PWP can take the cat either to the shelter, foster home or a new placement? This may include paying for boarding the cat at your veterinarian if necessary.

- Cats can live as long as 15 years or more.**
- Are you prepared to care for a pet that long?**
- Cat should be kept indoors. Are you able to ensure the safety of this cat?**
- Are you prepared to take on the financial responsibility of owning a cat?**
- Your new pet may take as long as several months to adjust to his or her new home. Are you prepared and patient enough to allow for this adjustment period?**
- If you do not keep your current animals vaccinated regularly, are you aware that you could be exposing them to illness and they could become sick?**
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Reference #1 Name _____ Phone # _____

Reference #2 Name _____ Phone # _____

I certify that all information provided on this survey is true and that false information may result in nullifying this adoption. I also give permission to PWP to verify with my veterinarian that any prior pets have vaccinations that are current.

Signature

Date

PWP REPRESENTATIVE: _____

OFFICE USE ONLY:
NAME OF DOG/CAT _____ BREED _____ COLOR _____
AGE _____ SEX _____

VACCINATION STATUS _____ DATE OF SPAY _____
LOCATION OF SPAY _____