



# WAYWARD PAWS, INC

Jamesville, NY 13078  
(315) 461-4CAT

## Adoption Application

Application Dates:		Breed:		M:	F:
Adoption Dates:		Colors:			
Adopted By:		Age/DOB:			
W.P. Volunteer:		Cat ID Info:			

Please be advised, Wayward Paws, Inc. reserves the right to approve or deny this application. Due to the serious pet overpopulation problem, Wayward Paws, Inc. requires that all pets adopted, be spayed or neutered prior to adoption.

Are you at least 18 yrs. Old?	Yes	No	Are you a college student?	Yes	No
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*Please Print*

Last Name:	First Name:
Street Address:	Home Phone:
City/Town:	State: Zip Code:
Can we include your email in future mailings _____ Email Address:	Work Phone:
Employer:	Cell Phone:

Have you adopted a cat from us previously? ( ) Yes ( ) No

If yes, do you still have your pet? ( ) Yes ( ) No

If not, where is your pet now? \_\_\_\_\_

Are there other animals in your household? If yes, please tell us about them. (You may attach another sheet if necessary)

Type/Number of animal:	Neutered?	Spayed?	Approx. Ages:
Dog(s)			
Cat(s)			
Other			

Please circle your reply to the following questions.

Will this cat be an Indoor cat \_\_\_\_\_ outdoor/indoor combined \_\_\_\_\_ or \_\_\_\_\_ outdoor only?

**I live in:** \_\_\_\_\_ **A House** \_\_\_\_\_ **An Apartment** \_\_\_\_\_ **In Student Housing** \_\_\_\_\_ **A Mobile Home**  
(If Mobile Home is circled, please indicate if it is on private land or not)

**I Own.** \_\_\_\_\_ **I Rent.** \_\_\_\_\_

If you rent, Landlord's Name \_\_\_\_\_ Phone # \_\_\_\_\_

How long have you been at your current address? \_\_\_\_\_

Do you plan to move in the next 6 months? ( ) **Yes** ( ) **No**

If yes, will you take your pet with you? ( ) **Yes** ( ) **No**

Is this pet for your household or a gift? ( ) **Yes** ( ) **No**

How many individuals in your/their household? \_\_\_\_\_

Number and Ages of Children: \_\_\_\_\_

Does everybody in the household know you plan to adopt a Pet? ( ) **Yes** ( ) **No**

Who is responsible for the care of the pet? \_\_\_\_\_

Why do you want a pet?

As a \_\_\_\_\_ Companion \_\_\_\_\_ Barn cat or Mouser \_\_\_\_\_ for Children \_\_\_\_\_ other (explain)

If the adoption is granted, will you provide your pet needed treatment or testing required after the adoption?  
( ) **Yes** ( ) **No**

By Signing below, you give Wayward Paws, Inc. permission to contact your veterinarian for spay/neuter, vaccination and any other pertinent information.

**Vet Name:** \_\_\_\_\_

**Vet Address:** \_\_\_\_\_

**Vet Phone No:** \_\_\_\_\_

Please provide us with two personal references, excluding family members.

<b>Name:</b>		<b>Name:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>Phone No:</b>		<b>Phone No:</b>	

My signature affirms the above questions have been accurately and honestly answered in support of my desire to adopt a cat from your organization. Furthermore, I agree to return the cat to your organization if I am no longer able to keep or care for this animal properly at any time in the future.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_