

# Paws Animal Rescue

## Feline Application Form - \$85 adoption fee (includes tax)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_ Are you 18 years old or older? Y or N

1. Who is this cat/kitten primarily for? Self \_\_\_\_\_ Children \_\_\_\_\_ Family \_\_\_\_\_

2. Is your residence a: House/Mobile Home \_\_\_\_\_ Farm \_\_\_\_\_ Apt. \_\_\_\_\_

3. Do you own or rent the place you live? Own or Rent

4. If you rent, does your landlord allow pets? Y or N

\*Written authorization is required including phone number.

5. How long will this pet be alone during the day? \_\_\_\_\_

6. Have you had any other pets within the last 5 years? Y or N

7. If so, how many & what kind? \_\_\_\_\_

8. What has become of them? \_\_\_\_\_

9. How many adults (over 18) live with you? \_\_\_\_ What are their names? \_\_\_\_\_

10. How many children (under 18) reside at your home? \_\_\_\_ What are their ages? \_\_\_\_\_

11. If they are young, will they be supervised while they handle/play with this pet? Y or N

12. Have the children been instructed on proper handling of a pet? Y or N

13. What will the children's roll be in caring for this pet? \_\_\_\_\_

14. Who is your veterinarian? \_\_\_\_\_ When was your last vet visit? \_\_\_\_\_

What is their phone number? \_\_\_\_\_ May we call your vet? Y or N

15. What is the most serious reason you have visited your vet? \_\_\_\_\_

16. Are your present animals current on all shots? Y or N

17. Who will care for your pet if you are gone? \_\_\_\_\_

18. What will you do with this pet if you move? \_\_\_\_\_

19. Have you ever used the Pierre/Ft. Pierre Area Humane Society services before? Y or N

Feline	
Name:	_____
Color:	_____
Breed:	_____
DOB:	_____
Sex:	FI FS MI MN
Rabies Tag #	_____-_____-_____
Date:	_____
HS Member:	_____

20. If yes, for what reason? \_\_\_\_\_

21. Please list two references we may call.

Name: \_\_\_\_\_ phone: \_\_\_\_\_

Name: \_\_\_\_\_ phone: \_\_\_\_\_

22. Please tell us a little more about your family, hobbies, and interests. This will help us match you with a kitten/cat to fit your lifestyle.

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**AS PART OF THIS ADOPTION AGREEMENT WITH THE PAWS ANIMAL RESCUE (PAWS):**

1. I UNDERSTAND PAWS has little or no information on this animal as to the temperament, health, age, behavior, or how it is around children. PAWS makes no guarantees and the adopter assumes all risks.
2. I AM AWARE that this pet may be returned to the PAWS within two (2) weeks of adoption for a refund.
3. I AGREE to contact PAWS if I can no longer make this pet a part of my home for any reasons(s).
4. I AGREE in order to help curb the over population of pets, to have this animal spayed/neutered by a veterinarian at the earliest age recommended (usually 4-5 months), if it has not already been spayed/neutered. If I take the animal to the Animal Clinic of Pierre, PAWS will pay for the surgery. If I choose to have the procedure done at another veterinarian, I must pay the bill and submit a copy of the invoice to PAWS for reimbursement up to the amount PAWS pays the Animal Clinic of Pierre.
5. I AGREE to provide proper food, water, and shelter for this pet. To give it the necessary attention and training to make it a healthy and happy animal. This is a lifetime commitment.
6. I AM AWARE that this pet has been vaccinated to its age appropriateness. I agree to provide veterinarian care, including yearly immunizations for this animal. PAWS reserves the right to follow up with your veterinarian to ensure yearly shots are administered.
7. I AM AWARE that pets are not disposable and adopting a pet is to be taken seriously. There are a lot of financial and time commitments involved in owning a pet.
8. I AGREE that I will not knowingly permit this animal to be used for fighting or in the training of fighting animals or to allow it to be used for experimental use.
9. I AM AWARE that PAWS is a non-profit organization dedicated to the protection and care of helpless animals. For this reason, if I violate any portion of this agreement and PAWS requests possession of the animal, I will relinquish the animal making no charges for expenses or care.
10. I UNDERSTAND PAWS is managed by volunteers and the adoption process may take some time.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

***I would also like to donate to the following PAWS funds.***

<b>General Fund</b>	<b>Building Fund</b>	<b>Spay/Neuter Fund</b>	<b>Special Needs Fund</b>
This fund helps us pay rent, medical expenses, food, litter, and much more for our day to day needs.	This fund helps us pay for and maintenance on our new building.	Money in this fund allows PAWS to provide reduced spay/neuter certificates to local residents	Sometimes our animals may need extra medical attention. This fund helps pay for those additional expenses.
\$ _____	\$ _____	\$ _____	\$ _____