



Adoption Application Form

Cat Name(s) Choice #1 _____ Choice #2 _____ Date: / / /

Name _____ Cell Phone #1: _____

Email #1: _____ Driver's Lic # _____

Name _____ Cell Phone #2: _____

Email # 2 _____ Driver's Lic # _____

Home # : _____ Street address _____

City _____ State ___ Zip _____ Names of others in household (include ages of children) _____

Home Environment Information:

Length of time at address: _____ Do you: Own ___ Rent ___ Live with parents ___

Military ___ Other _____

Housing type: House ___ Condo ___ Apartment ___ Mobile home ___ Campus ___

Landlord name _____ Landlord phone _____ (Provide Parent info if Live w Parents) **Does anybody in your household: Smoke?** _____

Have allergies to Dogs, cats, or anything fur? ___ Yes ___ No

Accommodation Information:

What accommodations would you make in the case:

You had to move? _____ You go on vacation? _____

Of Evacuation? _____ Of Financial Hardship/ Illness? _____

_____ New family member at home? _____

How did you hear about PAW Warriors Inc.? Petfinder.com : _____ FaceBook : _____

Farmers Mkt : _____ Referral/Other ___ Source? _____ Previous Adoption from PWI?

If referred: by ___ Friend ___ Family ___ Clinic/Veterinarian ___ Shelter ___ other

If so, who so we can thank them for the referral: _____

Veterinarian Information:

Current Veterinarian(s)/Clinic: _____ City _____

Phone: _____.

Reason for getting a new cat

___ Companion ___ Playmate for Existing Pet ___ Other _____



What is your Ideal Cat You & Your Household Breed /Type/Mix

Sex: ___ Male ___ Female ___ Either
Age ___ 8-16 weeks ___ 4-12 months ___ 1-3 years ___ Older
Adult Size ___ 0-12 lbs. ___ Small/Medium 13-20 lbs. ___ Medium/Large ___ No
Preference
Will you have your cat declawed? ___ Yes ___ No ___ Considering If Yes WHY?

Cat Experience

___ First Time Owner Have had one or two
___ Knowledgeable & Experienced
Activity Level desired for cat ___ Low ___ Medium ___ High
Our Cat Will Live: ___ Indoors only ___ Indoors/Outdoors ___ Outdoors only ___ No
preference Coat ___ Short ___ Medium ___ Long
Time Away From Home ___ Home all day ___ Out part-time ___ Away 7-10 hours daily
Home Atmosphere ___ Grand Central Station ___ Some activity ___ Zen-garden serene

Multiple Pets Information Pets In Household:

Pet #1

Name: _____ Age _____ Type (dog/cat/?) _____
Sex ___ M ___ F Spayed/Neutered ___ Yes ___ No
Last Vaccinations & date: _____ Kept Inside ___ Outside ___ Both
Microchipped ___ Yes ___ No Where did you get your pet? _____
How long have you owned this pet? ___ Personality: _____

Pet #2

Name: _____ Age _____ Type (dog/cat/?) _____
Sex ___ M ___ F Spayed/Neutered ___ Yes ___ No
Last Vaccinations & date: _____ Kept Inside ___ Outside ___ Both
Microchipped ___ Yes ___ No Where did you get your pet? _____
How long have you owned this pet? ___ Personality: _____
Personality: _____

Pet #3

Name: _____ Age _____ Type (dog/cat/?) _____
Sex ___ M ___ F Spayed/Neutered ___ Yes ___ No
Last Vaccinations & date: _____ Kept Inside ___ Outside ___ Both
Microchipped ___ Yes ___ No Where did you get your pet? _____
How long have you owned this pet? ___ Personality: _____



Previous Pets: Name : Cat/dog/other Yrs had or Age Reason : (If deceased, please tell how)

IN OFFICE USE ONLY

ALL MUST BE COMPLETED

Initials :

- _____ Application/profile Completed
- _____ Landlord Approval
- _____ Veterinary Reference
- _____ Checked on current in-home or family pets _____
- _____ Meet-n-Greet
- _____ Home Delivery or Rescue Pick Up
- _____ 2 copies Adoption Agreement signed 1 copy EACH :Adopter & PWI
- _____ Adoption Fee paid \$_____ Usual Base Adoption Fee of \$100.00

Microchipping, vetting costs and/or "Premium" cats may inflate fee

To be paid at time of home delivery As Adopter, You have received, read and Understand the info provided regarding our "Adoption Protocol" & info on Herpes Virus

Adopter Name Date

PAW Warriors, Inc. Representative Date

DISCLAIMER

In the event of a life changing situation and you or your family/friends are no longer able to care for your adopted pet, please contact Paw Warriors, Inc immediately to discuss and determine the best outcome for you and your chosen pet/family member.

Spay/Neuter Post Op Policy

If your adopted pet requires a spay or neuter surgery after adoption is approved and the specific guidelines for Post Operative care is not adhered to, then **YOU** as the adopter will be financially responsible for any further medical costs. We can provide a two day overnight stay to ensure the pet receives the necessary post op medication and to ensure that the surgical site is healing and there is no discharge from the site upon returning to your home environment. **IF** there is any obvious issue with the surgical site, contact Paw Warriors, Inc immediately for next steps.



Thank you for opening your heart and home by adopting a family member from Paw Warriors. Please know that your cat has been surrounded by an incredible amount of love, dedication, and care before becoming part of your family.

If there ever comes a time when you are unable to continue caring for your pet, please remember that they will always have a safe and loving place with us. We kindly ask that you give Paw Warriors the chance to welcome them back rather than turning them over to a county facility.

Should your cat experience a medical issue, we ask that you reach out to us before considering euthanasia. We would be grateful for the opportunity to help, explore options, and ensure your cat receives the compassion and care they deserve.

Signature of Adoptor

Date