



Loving Paws, Inc.

PO Box 307

Lake Grove, NY 11755

www.LovingPawsInc.com

If you are interested in adopting one of our cats or kittens, please fill out this form and our adoption coordinator will contact you as soon as possible. All prospective homes are carefully screened to meet our high standards.

Name: _____ **Date:** _____

Address: _____ **Town:** _____

Home Phone Number: () _____ **Cell:** () _____

Email Address: _____

Occupation: _____

1. Are you over the age of 21? YES ___ NO ___

2. Do you own your own home or rent? _____ landlord's name & phone # _____

3. How many adults are living in the household? _____

4. Does anyone smoke in the home? YES ___ NO ___

5. How many children are living in the household? _____ Ages? _____

8. Will the animal be kept: Inside: _____ Outside: _____ Inside/Outside(both) _____

9. Where will the animal be kept during the day? _____

10. Who will feed the animal and provide fresh water daily? _____

a. Who will clean up after the animal? _____

11. What type and brand of food do you (or will you) feed your cat? _____

12. Have you ever adopted a pet from us before? YES ___ NO ___ cat/dog Pet's Name: _____

13. Have you ever had to surrender a pet to us before? YES ___ NO ___ Pet's Name: _____

a. When? _____

b. Why? _____

14. Do you currently own any animals? YES NO If so:

Breed: _____ Sex: _____ Spayed/Neutered: _____ Age: _____ Name: _____

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15. Do you believe in declawing cats? YES ___ NO ___

16. Will your cat be indoor/outdoor YES ___ NO ___

17. What is the name of your Veterinarian/Animal Hospital, town located in & **PHONE**

NUMBER? _____ a.

May we contact him/her for a reference? YES ___ NO ___

b. Is your pet/pets up to date with **all** vaccines? YES ___ NO ___

18. Have you ever owned any animals in the past? YES ___ NO ___

If so: a. Breed: _____ Sex: _____ Spayed/Neutered: YES ___ NO ___

Age: _____ Pet Name: _____

What happened to the animal? _____ b.

Breed: _____ Sex: _____ Spayed/Neutered: YES NO

Age: _____ Pet Name: _____

What happened to the animal? _____

19. Please provide two personal references: **(no family members)**

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

20. Do you object to a home visit? YES ___ NO ___

21. If something happens to you is there a family member who will would be willing to assume responsibility/provide a home for the animal?

If yes who is it? Name _____ Phone # _____

Would you consider adopting a pair? () Yes () No () Maybe?

We ask for a \$100 donation for each cat that is adopted. This donation goes to cover the medical costs associated with spaying/neutering, vaccinating, microchipping, and testing each cat. Since we love keeping siblings together, we ask for a reduced donation of \$150 for each pair of cats adopted.