



Adoption Application

Thank you for your interest in adopting!

Precious Paws is a 501(c)(3) nonprofit rescue based in East Tennessee. Our goal is to ensure every cat or kitten is placed in a safe, loving, and permanent home.

Please complete the following application in full. Incomplete applications may delay processing.

Applicant Information

Full Name: _____

Age Range: 18-30 ☐ 30-50 ☐ 60+ ☐

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

Email Address: _____

Occupation: _____

Employer: _____

Household Information

Do you own or rent your home? ☐ Own ☐ Rent

If renting, landlord's name & phone number: _____

Are pets allowed? ☐ Yes ☐ No

Type of home: ☐ House ☐ Apartment ☐ Mobile Home ☐ Other _____

Do you plan to declaw your cat? ☐ Yes ☐ No

Will the cat be allowed outside? ☐ Yes ☐ No ☐ Supervised Only

How long have you lived at this address? _____

Number of adults in household: _____

Number of children (and ages): _____

Does anyone in your home have allergies to animals? ☐ Yes ☐ No

Pet Experience

Do you currently have pets? ☐ Yes ☐ No

If yes, please list:

Name	Species	Age	Spayed/Neutered	Indoor/Outdoor
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out

Name	Species	Age	Spayed/Neutered	Indoor/Outdoor
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out

Are your current pets up-to-date on vaccinations? ☐ Yes ☐ No

Have you owned cats before? ☐ Yes ☐ No

If yes, what happened to them? _____

Adoption Preferences

Name of cat/kitten you are interested in: _____

If that cat is not available, are you open to another match? ☐ Yes ☐ No

What type of personality are you looking for?

☐ Playful kitten ☐ Calm/lap cat ☐ Independent ☐ Companion for another pet ☐ Other _____

How many hours per day will the cat be alone? _____

Where will the cat live?

☐ Indoors only ☐ Indoors with supervised outdoor time ☐ Indoor/outdoor

Where will the cat stay when you're on vacation or away from home?

Veterinary Information

Current or most recent veterinarian: _____

Vet's phone number: _____

(We may contact your veterinarian for reference — please notify them we will be calling.)

Personal References

Please provide one non-family references who can speak to your character and ability to care for a pet.

1. **Name:** _____ **Phone:** _____
Relationship: _____

Agreement

By signing below, I certify that the information provided is true and complete to the best of my knowledge. I understand that falsifying information may result in denial of adoption. I acknowledge that Precious Paws reserves the right to approve or deny any adoption application.

Signature: _____ **Date:** _____

Printed Name: _____

 **Email completed applications to:**

 **preciouspawstnr@gmail.com**

 **www.preciouspawstnr.org**