



NO PAWS LEFT BEHIND ANIMAL SHELTER

59 Hodges Cross Rd
North Adams, MA 01247

contact@nopawsleftbehindas.org

You must be over 18 years old to adopt any pet with a valid license/ photo ID with a current address.

Cat Adoption Application

Cats you are interested in: Cat 1 _____ Cat 2 _____

Name: _____ Date: _____

Partner's Name: _____

DOB: _____ Occupation(s): _____

Phone Number: Cell _____ Home _____ Work _____

Email Address: _____

Have you adopted from No Paws Left Behind before? Yes ___ No ___

Household Information

Address: _____

Do you rent or own? Rent ___ Own ___ Type: House ___ Apartment ___

If you rent, landlord's name and number: _____

How long have you lived at your current address? _____

Household Members (Please fill in the chart below based on who lives in your home):

Name	Age	Relationship

Have you owned pets previously? _____

If not, what is your experience handling animals? _____

Please list the information about your current/previous pets in the last 5 years:

Name	Type of pet	Age	Spayed or Neutered?	Do you still own? If yes- for how long? If no- why not?

Do you plan to make any big life changes anytime soon? (Check off options if yes and explain): Moving _____ Adding a family member _____

Explain: _____

Have you ever had to give up a pet? (Explain) _____

Other information

What temperament are you looking for in a cat? Calm____ Energetic____
Combination ____ Other _____

Why are you looking for a cat? Companion____ Mouser____ For child____ Gift____
Other _____

Will you ever let your cat outdoors? Sometimes____ Always____ Never____

What parts of your home would your cat be allowed? _____

Do you plan on getting your cat declawed? Yes____ No____

Your new cat must have the following attributes:

Tolerance for children (include ages) _____

Individuals with disabilities _____

Tolerance for dogs in the household _____

Tolerance for small animals in the household (type) _____

Other _____

How do you plan to handle any issues that may arise? (Scratching furniture or behavior issues): _____

How much do you anticipate spending for pet care each year? _____

Are you able to make this long-term commitment of owning this pet? _____

Do you have the ability to get to and from vet appointments? _____

References

Veterinary Office Name/Veterinarian: _____

Address: _____

Phone Number: _____

If your pet isn't listed under your name, please provide the name the pet is listed under:

Please provide information for two people we may contact as personal references.
These references should not reside with you or be family members.

Name: _____ Number: _____ Relationship: _____

Name: _____ Number: _____ Relationship: _____

I/we do hereby acknowledge that any false or knowingly omitted statements on this form may constitute rejection of this application. I/we give my veterinarian permission to release any vet records and information about my current and past pets to No Paws Left Behind Animal Shelter. I/we also give No Paws Left Behind Animal Shelter permission to remain in contact with me by a home visit, phone calls, and emails. I/we understand that this application is the property of No Paws Left Behind Animal Shelter and that they have the right to deny my/our application to adopt.

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____