



## **NO PAWS LEFT BEHIND ANIMAL SHELTER**

69 Hodges Cross Rd  
North Adams, MA 01247

[contact@nopawsleftbehindas.org](mailto: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:

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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: \_\_\_\_\_