



PAWSWATCH COMMUNITY CAT CENTER

39 Putnam Pike Johnston, RI 02919
401-285-9800 | www.pawswatch.org

Please send completed applications to: pwcccadoptions@gmail.com

The application process can take 3-10 business days and does not automatically guarantee the applicant is approved. Please fill out the application completely. Incomplete applications delay or invalidate the adoption process. If something doesn't apply to you, please fill in N/A.

CAT/KITTEN YOU ARE APPLYING FOR			
Date:	Name of cat/kitten:		
Color/Markings:	Age of cat/kitten:	Male Female (Please Circle or Bold Out)	
APPLICANT INFORMATION			
Your Name:			
Your Age:	Cell Phone:	Home Phone:	
Current street address:			
City:	State:	ZIP Code:	
Own Rent (Please Circle or Bold Out)	How long?	Email Address:	
If renting, do you have your landlord's permission to have pets? Yes No (Please Circle or Bold Out)			
Landlord's name:		Landlord's Phone number	
Who/What are your employer, occupation, work days/hours?			
Are you willing to be responsible for the animal you are interested in adopting for its entire life? (10-20 years) (Please Circle or Bold Out) Yes No			
If something should happen to you and you couldn't care for this cat, what would you do?			
If you have a cat or cats, are they de-clawed? Yes No (Please Circle or Bold Out)			
Under what circumstances would you declaw your cat?			
Have you ever given up ownership of a previous pet, if so, what were the circumstances? Yes No (Please Circle or Bold Out)			
If you own a dog, when has it been around cats?			

Have all your pets been spayed or neutered? If not, why? Yes No (Please Circle or Bold Out)

How often do your pets go to the vet?

Why do you think this pet is a good match for your family?

Under what circumstances would you not keep this cat?

WHO DO YOU LIVE WITH?

First Name	Last Name	Age

CURRENT AND PREVIOUS PETS

Name of pet	Current or previous	Type of pet (eg: dog, cat)	Breed of pet	Age of pet

PLEASE TELL US ABOUT THE LIFESTYLE YOU PLAN FOR YOUR CAT

Do you want a cat for: (Please Circle or Bold Out)

Indoors Outdoors Indoors/Outdoors Mouser Barn Companion Gift

Do your cats go outside? Yes No (Please Circle or Bold Out)

If so, when?

CURRENT VETERINARIAN INFORMATION

Name of current vet:

Phone number:

PREVIOUS VETERINARIAN INFORMATION

Name of previous vet:

Phone number:

I understand that owning a pet is a long-term commitment that requires mature consideration. I assert that I have the financial means to care for this cat (s) and will provide a loving home and adequate medical care and I give permission to call my veterinarian for a reference. I understand that the cat will take some time to get used to me and to my household and I will not hesitate to ask for advice from my veterinarian or PawsWatch.

Signature of applicant

Date: