

PAWSBINK Adoption Application



Thank you for your interest in adopting a cat from PAWS of Bainbridge Island & North Kitsap!

This application must be filled out prior to adoption from our program. Completion does not guarantee the applicant will be approved for adoption, and does not constitute a hold on a specific pet. The following information is needed in order to match your lifestyle with the appropriate pet. Accuracy in completing this application will help both PAWSBINK and you determine the right pet for your family. To schedule an adoption appointment, or check availability of a specific animal, please call (206) 842-2451 or email catadopt@pawsbink.org.

Do you wish to adopt: ____ cat ____ kitten ____ bonded pair

I am applying for (name of cat/kitten): _____

ADOPTER INFORMATION

Name: _____ Date: _____

Preferred phone number: _____

Address: _____ City: _____ Zip: _____

E-mail address: _____

Employer: _____

Do you own or rent your home? _____ How long at this address? _____

How many times have you moved in the last 5 years? _____

If less than one year, please list previous address and how long there: _____

If you move from your current home, will your pets move with you? Yes / No

Would you consider moving someplace that doesn't allow pets? Yes / No

Can you provide a permanent home for a cat for 10-15 years? Yes / No

If you live in a rental, please provide:

Name of landlord/complex: _____ Phone number: _____

How many people reside in your home: _____ Age(s): _____

Do you have a regular veterinarian? Clinic Name: _____

What do you expect annual pet care (vet care, flea prevention, etc.) to cost? _____

Do you own any other pets?

Dogs (number): _____

Breed(s): _____ Age(s): _____

Cats (number): _____ Age(s): _____

Other (list): _____

Who will be responsible for the daily care of this pet? _____

How long do you expect your new cat to adjust to its new home? _____

What arrangements will you make for the pet when away from home? _____

Under what circumstances would you consider giving away a cat to a new owner?

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

PAWSBINK Adoption Counselor Use Only

Rental permission obtained/lease checked: *Adoption Counselor initial:* _____ *Date:* _____