Pet Adoption and Welfare Service of Oklahoma, Inc.

Adoption Request Form



It is our goal to find loving, safe, secure, responsible, "forever" homes for all our rescued cats and kittens in the PAWS-OK, Inc. program. <u>A good match of cat to owner is our top priority</u>. Owning a cat takes a commitment of time, energy, love, attention, <u>and finances</u> which extend throughout the duration of the cat's natural life, (20 years or more). Cats require appropriate (non-human) food and clean water; an indoor home with access to a scratching post and places to hide; medical attention for annual vaccinations and as other needs arise (especially in their "senior years"); and social interaction for his/her life. For this reason, PAWS-OK, Inc. reserves the right to re-direct potential adopters to other resources if we feel the desires of a potential adopter do not match our individual cat's needs.

Name:	e:					Phone #				Date:				
Address:				City:				State	e: Zip:					
E-Mail:			@				Employer:							
Are you 21 years of age o	r older'	? (circle	one) Yes	No (UNDEF	R 21? <u>ST(</u>	<u>)</u> .	- contact Pe	tSmart /	Associate or P	AWS-	OK V	oluntee	r)	
Have you ever adopted a	cat fror	m PAWS	S-OK before	? YN Ify	yes, their	PA۱	NS name(s)):						
Name of Desired Cat:				<u>or</u> pick the best cats for n			ats for m	e! Gen	؛! Gender? Age?					
Please complete	all ar	eas. I	f it does i	not apply i	indicate)"I	N/A". <u>Co</u>	mplet	eness IS II	MPO	RTA	<u>NT</u> .		
1) We (circle one) Own	Rent*	(circle o	ne) house	apartment	condo	r	mobile hom	ne oth	ner					
* If renting - How man	iy year	s at this	address? _	years D	Do you pla	in to	o move in th	e next 6	months? Y	Ν				
* If renting, have you	confirm	ned that	pets are allo	wed? Y N	Have you	ı pa	id any pet "	deposits	" required? Y	Ν	None	e Requ	ired.	
* If Renting: Landlord														
<u>OR</u> nam	ne of A	partmen	t Complex: _										-	
2) Please list below all the	peop	ole your	new kitty w	ill be living wit	h: (No)	oth	er peopl e	<u>e</u> in ho	me:)					
Name	Age	Pet Alle	rgies?	Name	Aç	ie -	Pet Allergies	?	Name		Age		ergies?	
	3-	Y	N				Y N				- 3-	Y	N	
						+								
2) Diagona lint halaw all the	athar	note w			/N		othor not	e in ho						
3) Please list below all the	Cat or Dog	Age	Surnew kitty						ome:)			n of D	-1	
Name			Spayed	Last			a CAT:	-	t is a DOG:	Origin of Pet (Ex: stray, breeder, friend, web or NAME of rescue/shelter)				
			Neutered Y or N	Vaccines (year)	Indoor O Y or N		Declawed Y or N	Breed	Cat Friendly Y or N					
				(your)					1 OF N					
						_								
Current Veterinarian's N	ame o	r Clinic:						Pho	ne: ()_					
4) Do you want the cat to	be: _	insid	e only	outside o	nly		inside/outs	side	we have	a dog	ggie d	oor		
5) Do you plan to declaw?	Yes	No I	Maybe If it is	s a possibility,	why?								_	
Would you like to p	revent	this cos	tly (\$250+), _l	painful surgery	y and <u>hav</u>	e Pi	AWS help y	ou find a	a declawed cat	<u>t?</u> Y	ľ ľ	I		
Do you know how t				01										
6) Are you adopting this ca	at as a	gift for s	omeone els	e?YN <u>lf"ye</u>	<u>es</u> ", for wh	iom	?						_	

7) Have you owned cats in the past? Y N How many ca How old were <u>they</u> when you got them?	-
8) Have you ever lived with a <u>CAT that is no longer living v</u>	
	Why is it there? e cause(s) of death?
	Y N <u>If "yes"</u> , please explain <u>who the animal was given</u> to and <u>why</u> :
	T IN <u>II yes</u> , please explain <u>who the animal was given</u> to and <u>why</u> .
10) Where do your pets stay (who takes care of them) when	you go on vacation or in case of an emergency?
	Y N <u>If "yes"</u> , what behaviors?
How do you control or prevent displays the behavior(s) the	hat you find unacceptable?
12) Tall us where you stand on each cat behavior / persona	lities described below. Select one circle on each line. "I want my cat to
Jump up on people & initiate play	Select one circle on each line. I want my cat to
Like to be held and cuddled O	O O O O Sit in window or quietly at my side
Be allowed on furniture, counters, etc.	O O O Stay / sleep on floor or in cat bed
Talk a lot (and I talk back)	O O O Be quiet, seen but not heard
Have the run of the house, sleep with me	O O O O Stay in designated area / room
Be curious, always under foot, into everything	Be aloof, stay out of the way
Play "rough" (using teeth in play doesn't bother me)	O O O Never use teeth or claws in play
Wake me up by jumping on my face (at 5 AM)	O O O Stay out of my bedroom all night
13) Thinking about the cat(s) you currently own or have prev	viously owned, what personality traits, habits or characteristics do you
Like the most about them?	
Like the least about them?	
14) Please tell us how you heard about PAWS-OK: (internet, fri	
•	how time intensive they are or their life expectancy (18+ years).
Most cats 1-2 years old act very "kitten-like" and more r is to have only ONE cat in your home we have wonde a home, may spend their entire lives in a caged environ alternatives to adopting a young kitten, please check he	mature cats are <u>especially good with young children</u> . If your intention erful cats who, for medical reasons, must be only cats and who, without iment. If you would like more information on these wonderful ere:
I certify that all statements made by me	e on this Adoption Request are true and correct:
Signature	Date
Please submit via:1. E-mail return to address you2. Drop off at our Adoption Cer3. Fax to our office at: (405) 720	nter inside the PetSmart @ Rockwell & NW Expressway
Thank you for seeking to adopt a homeless	or abandoned cat. Rescues truly do make the best pets!
Pet Adoption and Welfare Services of Oklahoma	a <u>www.pawsok.com</u> <u>pawsok@sbcglobal.net</u> (405)204-3964
Notes:	