



Name of Cat(s): _____

Date: _____

Impoundment # _____

Parma Animal Shelter, Inc.

Feline Adoption Application

(Applicants must be at least 18 years of age)

****Adoption fee is payable with cash, check or debit/credit cards.****
****Filling out this application does not guarantee adoption approval.****

Name(s) of Potential Adopters: 1. _____

2. _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Are the potential adopter(s) employed? _____

If NO, please explain: _____

Do you own or rent? _____ If you rent, you must provide landlord's information.

Landlord's Name and Phone:

(If you rent, landlord approval is needed before the adoptable animal will be released to a home)

Number of adults living in the home (18 and older): _____

Number of children living full and/or part time in the home: _____ Ages of the children: _____ Does anyone living in the household have animal related allergies?

Have you ever owned a cat before? _____

Are you aware that cats can live up to 15 years and are you willing to be responsible for the adoptable cat that long? (Please check one) Yes _____ No _____

I plan on keeping the adoptable cat: (please check one)

Please continue to the back of this page

Indoors Only _____ Indoors and Outdoors _____ Outdoors Only _____

Have you ever had to give away a pet before? _____

If YES, please explain: _____

Have you ever had to put a pet to sleep before? Yes _____ No _____

If YES, was it due to FIP, FELV or FIP? (Yes / No) Please explain:

Are there any other pets that currently reside in your home? _____ If yes, do any of the other cats in your home have FIV, FELV or FIP?

If YES, what kind(s) and their ages if known: _____

If applicable are they spayed or neutered? _____ If No, please explain: _____

There are financial responsibilities that come with owning a pet. Besides food, treats and toys, there are annual Veterinary exams and vaccines needed, chronic illnesses to care for and even unexpected emergency expenses. Can you afford to properly care for the adoptable animal? _____

Name of Veterinary Clinic that you currently use or intend on using:

What arrangements will you make for the care of the adoptable cat/kitten in case of an emergency, or if you become unable to care for the pet?

Name _____ Phone # _____

If you move, will you make arrangements to take the cat with you? Yes _____ No _____

Under what circumstances would you consider giving up a pet?

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The Parma Animal Shelter, Inc. is a non-profit organization. Our animals are not for sale, they are for adoption, which means a home must meet the approval before adopting a pet, including, but not limited to filling out this form, discussion(s) with an adoption counselor, meeting with the prospective pet and a signed contract. In addition, the Parma Animal Shelter, Inc. reserves the right to turn down a prospective adoption at any time during this process for any reason. I assert that the information I have provided on this form is accurate and true, and have read and understand the above disclaimer.

By signing this application I understand that I am responsible for the well being of the adoptable cat(s). I will provide proper care and shelter. I will not abandon the adoptable cat(s) at any time.

Cat /Kitten (6 months & older) in "PENDING STATUS" will be held for 72 hours, after which they are returned to the general population.

Signature of Applicant(s):

1. _____ Date: _____

2. _____ Date: _____

* A cat carrier must be used to transport the adoptable cat(s) home, if you do not have one, you may purchase one from The Parma Animal Shelter for \$5.00.

This section is to be completed by a Parma Animal Shelter, Inc. Adoption Counselor Only.

Notes on prospective adopters are to be written on the back of this page.

Adoption Approved: Yes _____ No _____

Signature of Adoption Counselor _____ Date _____

Notes & Comments

(Please date and initial)

Lined writing area consisting of 15 horizontal lines.

