For The Love Of Paws Senior Pet Sanctuary Inc

D.B.A. Paws Meals On Wheels, Space Coast Kibble Kitchen 12198 County Road 512 • Fellsmere, Florida 32948 772-539-2417 • www.pawspetsanctuary.org



CAT ADOPTION APPLICATION

Cat Adoption Form Revised: September 2024

Our goal is to place all pets into	homes that will best suit their	individual needs. Please ask for	clarification if you have any ques	tions.
First Name:Last Name:		:	Phone:	
Street Address:		City:	State:	Zip:
Email:				
Who will be the primary caregiv	ver of the cat(s)?			
Reason for wanting a cat(s)?	Companion □ Mouser □ For ch	ildren □ Gift □ Breeding		
f employed please list employe	er:			
Number of people in household	d: List ages of all living i	in household:		
I live in a: □ House □ Condo □	Apartment □ RV/Mobile Home	□ Manufactured Home		
*If you rent you must notify yo	? □ Rent □ Own □ Live in Relat ur landlord that you have provi ust do this due to past experiend	ded us with their contact inform	ation & that we may contact ther	n to verify you are allowed to
Where will your cat(s) primarily	live? 🗆 Indoor only 🗆 Indoor/	Outdoor Outdoor only		
Do you have an enclosed lanai o	or patio? □ No □ Yes			
Where will your cat(s) sleep at	night?			
What would you do if your cat	stopped using the litter box? (Co	an use back of form)		
Under what circumstances wo	uld you return a cat(s)? (Can use	e back of form)		
Who is your Veterinarian (if you	ı have one)?			
City:	St	tate:Zip:	Phone:	
Personal Reference Name:			Phone:	
Address:			Relation to you:	
Please list any pets you have or	wned in the last 5 years (includ	e breed, sex, age, spayed/neuter	red & number of years owned):	
BREED	SEX	AGE	SPAYED or NEUTERED	#YEARS OWNED
		III be matched with a particular pritable that my home is not acceptable	pet. I also understand that if I am	not able to adopt a pet toda
Please sign here:			Da	ate: