



West Sound PAWS Adoption Application

Thank you for your interest in adopting a cat from West Sound PAWS!

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 West Sound PAWS 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@westsoundpaws.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

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

If you live in a rental, please provide:



Name of landlord/complex: _____ Phone number: _____

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? _____

Photo/Video Release: I hereby grant permission to West Sound PAWS to use my or my child's photograph/video in West Sound PAWS print publications, online (website, social media), or video screening, for promotional and fund-raising activities, without further consideration.

I acknowledge West Sound PAWS's right to crop or treat the photograph/video at its discretion. I acknowledge that PAWS BINK may choose not to use the photograph/video at this time, but may do so at its own discretion at any later date.

I agree to indemnify and hold harmless from any claims the following: West Sound PAWS Board of Directors, all West Sound PAWS employees, and all West Sound PAWS volunteers.

Signature _____

West Sound Staff Use Only

Rental permission obtained/lease checked: Adoption Coordinator initial: _____ Date: _____