GRATEFUL PAWS D	OG & CAT	RESCUE, I	NC	/x
Application to Adopt"			Tel. 954-579-3753 Fax. 1- 866-600-5945 Email: jmilbyer@gmail.com	
We sincerely hope we have an designed to help us find you t with the right home for the e and does not guarantee you	animal that fit he most compat anduring happine	tible pet with your ess of both cat and	ase fill out this question lifestyle. Our ultimate g d owner. Please understo	goal is to match the right cat
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDE			. DATE:	
Name of CAT(s) You Wish to Adopt: Where			did you see him/her?	
Adopter's Name(s): Email Address:				
Address:	Home Phone:		Cell Phone:	
City:	State:	Zip Code:	Fax:	
Address where pet will reside	2:			
Occupation: If retired (from where):	Employer Na		Work Phone: Occupation:	Fax:
Address/City/State/Zip:			How long there?	
Drivers License # / State: Is this pet a gift for someo Why are you interested in t Ever had a cat/kitten befor Please list the pets you now Type/Breed Name	ne? Y/N his pet? e: Y/N have in your h	Who nome: red? Age	o: Owned Since	Comments
Do you/Did you use Heartwor What brand: Where Are your current pets up to	do/did you pur	chase it?	_ Last visit to Vet wa	s when?
Please list previously owned Type/Breed Name Se	<u>pets:</u> ex Fixed?	Declawed? Age	Dates Owned W	hat happened to him/her

Have you ever surrendered a pet to a shelter or given one away? Y / N

What were the circumstances?

Are/were your current/previously owned cats de-clawed? Y / N Front ___ Back___ Both___ The reason: Health ___ Preservation of furniture: ___ Other: ___

At what age did you have them de-clawed?				
Name of Vet who performed surgery:	Appx. Cost: x			
Do you OWN RENT House Condo Apar Other (explain)	rtment Townhse w/ parents			
Name of Complex/Community: Address/City/St/Zip: Are pets allowed?	Landlord's Name (if applicable): Telephone: Any restrictions?			
How many adults in your household? Children?	Ages:			
What are the working hours of the adults in the house	2?			
This cat will be left alone without human companionshi Will this be an inside cat? or	·			
Where will the cat be kept during the day?	And at night?			
What will you do with the cat if you move/change hour Do you have a friend or family member who will take a longer able to care for this pet? Y / N Who:	care of this cat if an illness arises and you are no			
Who will be primarily responsible for the care of this Some cats (long haired) require grooming & can cost up Does anyone in the home have any allergies?	p to \$300+ a year. That OK w/ you? Y/N			
Are you willing to take the time to work with a cat to Sometimes it takes weeks - Yes No	introduce a new cat into your home?			
Your Veterinarian is (or was): Address City/St/Zip: Tel	lephone			
Would you object to our contacting your Vet? Would you object to our visiting your home and meeting all members of your family? Yes No				
**We reserve the right to refuse to adopt an anima	I to a home with children 12 years of age and younger.			
information and/or failure to answer all questions and sign the an omission or untruth is discovered after an adoption takes plathe adoption and reclaim the cat.	mation provided as well as contact veterinarians and related			

I give GPDCRI permission to fully investigate the information provided as well as contact veterinarians and related officials. Furthermore, I understand and accept that the adoption decision depends upon many factors, including -- but not limited to--the compatibility of the family and home to the individual cat as well as other applications received on the cat. I understand and accept that it is GPCRI's prerogative to decide which home is most appropriate for this animal, and I will not take issue with the decision. Unless otherwise indicated by the GPDCRI, I may be considered for another cat.

Signature Printed Name Date: