

**Purple Power Animal Welfare Society**

P.O. Box 953, Manhattan, KS 66505

Phone 785-844-9199

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[www.purple-PAW.org](http://www.purple-PAW.org)

**ADOPTION APPLICATION**

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell/Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ @ \_\_\_\_\_

Employer: \_\_\_\_\_

Name of cat/dog that you want to adopt: \_\_\_\_\_

1. Do you have pets now?  Yes  No  
a. Please list the, breed, age of each pet and if they are altered/vaccinated

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What routine vetting do you provide your pets?

\_\_\_\_\_

3. Who is the responsible caretaker for pets at your home?

\_\_\_\_\_

4. What are the most important responsibilities involved in having a pet?

\_\_\_\_\_

5. If you are applying to adopt a cat, are you aware of our strict no declaw policy?  Yes  No

6. Describe a typical day for your newly adopted pet at your home?

\_\_\_\_\_

7. What will you do if this pet develops behavior problems?

\_\_\_\_\_

8. Does anyone in your family have allergies to animals?  Yes  No

9. How many people currently reside in your home?

- a. Any children?  Yes  No

- i. If yes, what are their ages?

10. Do you own your home?  Yes  No

a. If you rent, please list the name and phone number of your Landlord.

\_\_\_\_\_

b. If you rent, what is the pet policy?

\_\_\_\_\_

11. Is your home a:  House  Duplex  Apartment  Trailer

12. Do you have a fenced yard?  Yes  No

13. Where will your pet be kept during the day?

\_\_\_\_\_

14. Where will she sleep at night? Where will she be kept while you are at work/absent?

\_\_\_\_\_

15. If crated, how many hours a day will the pet be crated?

\_\_\_\_\_

16. Have you ever adopted a rescue pet before?  Yes  No

17. Have you ever re-homed a pet before?  Yes  No

a. What are any reasons that you might re-home a pet?

\_\_\_\_\_

18. Have you ever been convicted of a crime against persons or animals?  Yes  No

19. Please tell is anything else you want is to know about considering your application to adopt. If you need more room please use the back of the page.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. List name and phone number of your Veterinarian and two personal references.

Clinic/Vet Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

By submitting this application, I am giving consent to have my landlord and veterinarian contacted for information about my pet policy and/or record of vetting my pets.

Signature of Adopter: \_\_\_\_\_ Date \_\_\_\_\_