



**Watson's Paws for the Cause  
Adoption Program**  
[watsonspawsforthecause@gmail.com](mailto:watsonspawsforthecause@gmail.com)  
 Sponsored by Pet Medical Center  
[www.animalhealing.net](http://www.animalhealing.net)

**Phone: 509-545-4931  
Fax: 509-545-4451**

**Adoption Application Date:** \_\_\_\_\_

**I am interested in adopting:** \_\_\_\_\_

To help ensure that the animal you are interested in will fit your home, lifestyle, and expectations, and that the animal will be placed in an environment compatible with its needs, we ask for your cooperation in completely filling out this application. Please answer the questions in as much detail as possible, and return via email, fax or in person.

## Personal Information

<b>Name</b>	
<b>Email</b>	
<b>Age</b>	
<b>Physical Address</b>	
<b>Cell Phone Number</b>	
<b>Home Phone Number</b>	
<b>Work Phone Number</b>	
<b>Are you Employed?</b>	<b>YES    NO</b>
<b>Employer and Position</b>	
<b>If you are not the primary income earner in your household, who is? What is their relationship to you?</b>	
<b>Primary income earner's employer and position</b>	

**Please list any other people, including children, who live in your residence. Please provide contact numbers of all independent adults who share your home.**

Name	Age	Relationship	Contact Number
<b>Who will be the pet's primary caregiver?</b>			
<b>Are all of the people living in your household in favor of adding a new pet to the home?</b>			

What role will other household members have in training, discipline, playing with, and caring for a new pet?	
Is there anyone living in your household that is allergic to animals?	
Is there anyone living in your household that suffers from a chronic condition or disability that would be incompatible with living with a pet? If yes, please explain how you plan to deal with this.	
Is anyone in your household afraid of or unaccustomed to certain animals? If yes, please explain the situation and how you plan to deal with this.	
If you don't currently have children and are planning to, how will the addition of children in your life affect your desire or ability to have a pet?	

## Living Environment

What type of residence do you live in? (Circle one)	Apartment   Condo   Duplex   House   Mobile Home Other(explain) _____
Do you rent or own your home?	
How long have you lived at your current residence?	
Do you plan to move in the foreseeable future? If you move, what do you plan to do with your pets?	YES   NO
How large is your yard? (0.25 acres etc)	
Is your yard fully fenced? If yes, please describe the fence height and type.	YES   NO
If you have cats, do they go outside?	YES   NO
Do you have a pool? If yes, what is in place to protect the cat from drowning?	YES   NO
Are you willing to allow us to visit your home to verify that you can offer a safe and happy living environment for this pet?	YES   NO
If you belong to a HOA, are there any limits to the number or type of pets allowed? Are there any cat restrictions?	
Are you aware of your local Animal Control Regulations?	YES   NO
<b>RENTER INFORMATION</b>	
If you rent, do you have the landlord's permission to have pets on the property? <i>Please provide the landlord's name and phone number.</i>	YES   NO  Landlord Name Landlord Phone Number
If you rent, are there any restrictions regarding cats?	YES   NO
How many total hours per day will the pet be left alone?	
If you are gone for more than 4 consecutive hours, what will you do with the pet?	

Where will the pet spend most of the day?	
If you have current pets, where/how do they spend their day?	
How many hours do you expect to spend with your pet each day you are working? How many hours will you spend with your pet on a day you aren't working?	
Will the cat have access to the outside via a pet door?	YES NO
Where will the pet sleep?	
If you have current pets, where do they sleep at night?	
Do you plan to keep your cat in one room of the house?	

## Preferences and needs affecting choice of pet

We would like to know what you are looking for in a pet companion.

Please indicate the physical characteristics of your ideal cat by **CIRCLING** your preferred answer:

<b>AGE</b>	Kitten <8mo	Young 8-18mo	Adult 1.5yrs-7yrs	Senior 7+ yrs	No preference
<b>COAT</b>	Short	Medium	Long	Hypoallergenic	No preference
<b>SEX</b>	Male	Female	No preference		

What physical or other characteristics regarding cats are important to you?


Please indicate the activity level and social interaction level you desire to have with your ideal cat by **CIRCLING** your preferred answer:

<b>ENERGY LEVEL</b>	Couch potato	Casual play	High-level cat sports	Other (explain)
Please describe the activities you hope to share with your cat				
<b>SOCIAL INTERACTIONS</b>	Behave well around visitors	Visit other people's homes	Little social interaction	Visit public areas where other pets are present
	Other (explain)			

Please indicate what you are looking for from your ideal cat by **CIRCLING** your preferred answer:

<b>REASONS FOR WANTING A CAT</b>	Therapy Pet	Company for other Pet(s)	Outdoor Rodent Control	Playmate for children	Companionship
	Gift	Other (explain)			

# Pet Ownership History

Please list **ALL pets you currently have** in your home (include all pets that live in your residence: roommate pets, parents or other adults that have pets living in the residence, and outdoor livestock, horses, etc)

NAME	SPECIES & BREED	AGE & SEX	ARE THEY SPAYED/ NEUTERED?	HOW LONG HAVE YOU HAD THEM?	OWNER NAME	PRIMARY VETERINARIAN

Please list **ANY OTHER pets you have owned (other than the ones previously listed)** in the last 5 years and explain what happened to them:


Please provide details about the veterinarian you plan to use for the pet you are applying for.

VETERINARIAN & PRACTICE NAME	ADDRESS	PHONE NUMBER	HOW LONG HAVE THEY BEEN YOUR VETERINARIAN?

# Pet-Owning Philosophies

Do you plan to use pet boarding, or pet-sitting services? Please describe.	YES	NO
Some cats may have accidents or urine mark inside the house. How do you plan on dealing with this if it happens in your home?		
Most cats shed and may also require regular grooming. How do you plan on dealing with a new cat's grooming/bathing needs?		
Have you ever declawed a cat that you've owned? If yes, why?		
How do you plan on introducing a new cat to your other pets?		
Cats can take a long time to accept a new home. Sometimes they react by hiding, urinating in the house, acting scared, or other behaviors. How long are you willing to give a new cat time to adjust and what behaviors will you put up with before giving up and returning the new cat?		

Are you willing to keep your pet up to date on vaccinations and protect them from fleas/ticks if needed?	YES NO
Cats can hide illnesses well. Are you willing to provide regular routing veterinary care ( at least an annual exam, bloodwork, etc) for the rest of this pet's life?	YES NO
Are you willing to provide this pet with routine dental care if needed?	YES NO
Some cats have been known to live up to 20+ years. Are you willing to care for this pet for that long?	YES NO
If this pet develops an expensive or time consuming health problem (such as cancer, amputee, long-term medications, prescription food, etc), what would you do?	
Most of the pets we place are in good health, and we give adopters full details prior to adopting. If your rescue dog needed immediate dental, medical care, or emergency care, are you willing to provide it?	YES NO

Sometimes unforeseen circumstances arise. If you could no longer keep your pet(s), what would you do? Circle your answer(s).

<b>Find them another home</b>	<b>Surrender to a private rescue</b>	<b>Euthanize</b>	<b>Take to the pound</b>	<b>Other (please explain)</b>
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Under what circumstances would you give up a pet that has lived with you for any length of time? Circle your answer(s).

<b>Divorce / Seperation of relationship</b>	<b>Partner/Family dislikes the pet</b>	<b>Personal or family health problems</b>	<b>Children lose interest</b>	<b>New baby</b>	<b>Moving to a different house/ city/state</b>
<b>No time to care for the pet</b>	<b>Scratching/ destruction of property/furniture</b>	<b>Scratching people/ other pets</b>	<b>Escaping from home/ property/ yard</b>	<b>Expensive medical / veterinary needs</b>	<b>Pet is too vocal/meows too much</b>
<b>Allergies</b>	<b>Shedding/ needs too much grooming</b>	<b>Litter Box Problems</b>	<b>Other:</b>		
			<b>None of these reasons would make me give up a pet</b>		

## Additional Questions About the Pet You Hope to Adopt

How did you hear about this pet?	
Why do you want to adopt this pet?	
Why do you feel you are a good candidate to rescue this pet?	

<b>Have you considered the cost involved in owning this pet?</b> (Regular veterinary care, exams, bloodwork, vaccinations, dental cleaning, emergency care, quality food, liability insurance, rental deposits, training, etc.) These average about \$1300/year	
<b>Are you financially capable of providing for this pet's needs including but not limited to: nutrition, veterinary care, and all other needs?</b>	
<b>We require all puppies and kittens who are not spayed/neutered at adoption be spayed/neutered when age appropriate. Is this something you are willing to do?</b>	<b>YES    NO</b>

It can take up to 3 business days to process an adoption application. If your application is incomplete, it can take longer than 3 business days.

*By signing below, I certify that the information I have given is true. I further understand that any misrepresentation of facts on this application for adoption may result in my losing the privilege of adopting a pet from Pet Medical Center of Pasco. I also understand that Pet Medical Center reserves the right to refuse any application.*

**Signature**

**Date**

**Printed Name**