



**Scarlet Paws Pet Adoption Application**  
 Please email to: [spawnet@rci.rutgers.edu](mailto:spawnet@rci.rutgers.edu) or fax to: 732-932-6726

**The fee for cat adoptions is \$100.00 for one pet and \$150.00 for two pets which is used to support our non-profit rescue group expenditures for spay/neuter, testing and vaccinations.**

Name of Pet(s) Applied For: \_\_\_\_\_

How Were You Referred To Scarlet Paws \_\_\_\_\_

Applicant Name \_\_\_\_\_ Age \_\_\_\_\_

Contact Person Completing Form if different than above (Name) \_\_\_\_\_ (Phone) \_\_\_\_\_

Applicant Spouse/Significant Other's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Applicant's Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Applicant's Home Address: \_\_\_\_\_

Housing in which Applicant Resides: \_\_\_\_\_ House \_\_\_\_\_ Condo/Townhouse \_\_\_\_\_ Apartment

Is Applicant Currently Renting? \_\_\_\_\_ Yes \_\_\_\_\_ No. If Renting, are Pets Allowed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is Applicant Currently Employed? \_\_\_\_\_ Yes \_\_\_\_\_ No. Is Applicant Currently a Student Attending College \_\_\_\_\_ Yes \_\_\_\_\_ No

Names and Ages of Household Members where the Adopted Pet(s) will reside:


**Reason for Adopting:** \_\_\_ Gift \_\_\_ Companion for Applicant \_\_\_ Child's Pet Companion \_\_\_ Family Pet \_\_\_ Barn Cat/Mouser

Does Applicant Currently Own or Have They Previously Owned Pets? : \_\_\_\_\_ Yes \_\_\_\_\_ No. If YES, Please provide the following:

Pet's Name	Type of Pet	Age	Length of Time Owned	Still Living?	Date of Last Vet Visit / Reason

- **Do** you Plan to Declaw the Cat/Kitten that you Adopt? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ It Depends
- **Will** the Cats/Kittens be Residing \_\_\_\_\_ Indoors \_\_\_\_\_ Outdoors \_\_\_\_\_ Both Indoors and Outdoors
- **Has** a Pet Owned by Applicant ever Disappeared? \_\_\_\_\_ Yes \_\_\_\_\_ No
- **Has** Applicant or Spouse/Significant Other Ever Given a Pet Away? \_\_\_\_\_ Yes \_\_\_\_\_ No
- **Has** a Pet ever Died from Cause other than Old Age/Illness Related to Old Age? \_\_\_\_\_ Yes \_\_\_\_\_ No
- **Has** Applicant or Spouse/Significant Other Ever Turned a Pet into an Animal Shelter or Pound? \_\_\_\_\_ Yes \_\_\_\_\_ No
- **Do** Household Members smoke inside the home ? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If you answered YES to any of the above questions, please provide details below:**

<b>Veterinarian Reference</b>	<b>Phone Number</b>	<b>Address</b>	<b>Current or Former?</b>
<b>Personal Reference (non-family)</b>	<b>Phone Number</b>	<b>Relationship to You</b>	<b>No. of Yrs. Known</b>

I understand that Approval of Adoption is decided upon by the Scarlet Paws Animal Welfare Network Executive Board. I agree to allow a member of the Board to contact my references listed and to verify that information provided is current and accurate. I understand that if for any reason the adopted pet(s) cannot be maintained by an approved household, Scarlet Paws must be notified before any rehoming activity is undertaken and that the animal may be returned to Scarlet Paws, if necessary.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ rev22015