



Paws N Claws Rescue
 59 West Main Street
 Littleton, NH 03561
 603-444-0132

Date: _____
 Time: _____

Animal Adoption Application

Name _____ Home# _____ Cell# _____

Physical Address _____ City _____ Zip Code _____

Mailing Address _____ City _____ Zip code _____

Employer _____ Work# _____ Email _____

How long have you lived at this address? _____ Do you expect to move in the next 6months? _____

Please circle

Rent Own Live with relatives

If you Rent your Landlords Name: _____ Phone# _____

People in your household: _____ Ages _____

If adopting a cat, do you plan to have it be an indoor or outdoor cat? _____

Please list the pets your currently own / or also live on the property

Type and breed Of Animal	Sex	Spayed or Neutered	Age	Kept indoors Or outdoors	Current on yearly vaccinations	Licensed
_____	M F	Yes No	_____	In Out Both	Yes No	Yes No
_____	M F	Yes No	_____	In Out Both	Yes No	Yes No
_____	M F	Yes No	_____	In Out Both	Yes No	Yes No
_____	M F	Yes No	_____	In Out Both	Yes No	Yes No
_____	M F	Yes No	_____	In Out Both	Yes No	Yes No

Who is your current Veterinarian _____ Phone # _____

Please list 2 References with phone #'s if your currently have no pets or veterinarian!

By signing below I hereby submit that the information provided by me is true. Any false information may result in my losing the privilege of adopting a pet. I understand that P&C Rescue has the right to deny my request to adopt an animal and that this application must be complete and approved by the P&C Rescue, before any adoption may be considered.

Signed _____ Date _____