



PROVIDING TRAP-NEUTER-RETURN (TNR)  
SUPPORT FOR FERAL CATS

\_\_\_\_\_ Owner Copy \_\_\_\_\_ File Copy

## ADOPTION CHECKLIST

*(Owner to initial each item)*

\_\_\_\_\_ I have been advised of any health issues, behaviors or habits the cat has.

\_\_\_\_\_ Paws Patrol has informed me of the brand of food and litter this cat uses.

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\_\_\_\_\_ I have received a copy of the cat's veterinary record.

\_\_\_\_\_ If the cat needs to return to Paws Patrol for shots, or to a vet for surgery or other care, I have been informed of that information and will keep the dates below.

**PLEASE NOTE: VET GUIDELINES RECOMMEND YOU HAVE ANOTHER FELV/FIV TEST DONE IN 6 MONTHS IF YOU ARE ADOPTING A KITTEN OR CAT WHO RECENTLY WAS OUTSIDE.**

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\_\_\_\_\_ I WILL KEEP THE CAT AS A SECURED, INDOOR-ONLY CAT AND ENSURE HE/SHE ALWAYS WEARS A PAWS PATROL IDENTIFICATION TAG ON A COLLAR. We also suggest you add a tag with your phone number.

\_\_\_\_\_ **Paws Patrol does not allow declawing, even by laser.** If scratching is a problem, we will show you how to trim claws. We recommend alternatives such as Soft Claws and we can discuss other solutions. If you insist on having a declawed cat, please look for a cat who has previously been declawed.

\_\_\_\_\_ **I understand that if I breach the Contract, Paws Patrol has the right to demand the immediate return of this cat.**

\_\_\_\_\_ I have received a copy of the Paws Patrol Cat Adoption Packet.

**Owner Signature** \_\_\_\_\_

**Paws Patrol Rep. Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

PAWS PATROL  
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