



Katie's Place

ADOPTION APPLICATION



c/o 20803 Camwood Avenue
Maple Ridge, BC V2X 2N9

e-mail katies.place@shaw.ca
phone: 604-463-7917

Thank you for inquiring about the homeless animals at Katie's Place. Please complete this application in full. Please note that by completing this application, you have given us the right to verify the information contained within. We reserve the right to reject any application for any reason.

Date: _____

Name: _____

Address: _____

City: _____ Postal code: _____

Home Phone: _____ Work Phone: _____

Cell: _____ Email: _____

What year were you born? _____

Have you ever adopted from Katie's Place before? Yes No

If yes, what was the animal's name: _____

Where are they now? _____

Why do you want this pet? for the children as a gift as a mouser
 as a companion other (please specify) _____

What kind of pet are you looking for? (type of pet, personality, gender, age, hair length, colour, markings, personality traits etc. Please be specific. If you saw a particular cat on our website you are interested in, please mention their name here) _____

Are you financially able to provide regular vet care, including spay/neuter, vaccinations, yearly check-ups and emergency care if required? Yes No

Please tell us about your home:

Is everyone living in the home in agreement about adopting a pet at this time? _____

Does anyone living in the home suffer from allergies? Yes No

What are the ages of children living in, or frequently visiting the home? _____

Do you currently live in a House Apartment Townhouse
 Other (please specify) _____

Do you Rent Own Lease the residence where you live?

Are pets allowed? Yes No

Landlords name: _____ Phone: _____

OVER PLEASE →

Please tell us about how this pet will live:

Who will be the main care giver for this pet? _____

Will this pet be: Indoor only Outdoor only Indoor & Outdoor

Where will this pet spent its: Daytime hours: _____
Evening hours: _____
Nighttime hours: _____

(Be specific, ie basement, barn, deck, yard, porch, laundry room, bedroom, kitchen, entire house etc.)

Do you work: in the home away from home full time part time

What will happen to the pet if you have to move? _____

Under what circumstances would you NOT be able to keep this pet? _____

Please tell us about the other animals in your life (past & present):

Please list any pets living with you now or within the past five years:

Type	Age	Spayed or Neutered	Where is it now?
		Yes No	
		Yes No	
		Yes No	
		Yes No	
		Yes No	
		Yes No	

Have you ever been forced to give an animal away or euthanize an animal for any reason? Yes No If yes, please explain: _____

What will happen if this new pet does not get along with an existing pet in the home? _____

Do you have a regular veterinarian? Yes No
Vet's Name: _____ Phone _____