



ADOPTION APPLICATION

Name of Cat(s) to be adopted: _____

Applicant(s) Name: _____

Address: _____ City: _____ Prov: _____

Postal Code: _____ Phone (Home): _____ (Work): _____

(Cell): _____ Marital Status: _____ Age: _____

Employer Name: _____ Phone: _____

Address: _____ City: _____ Prov: _____

RESIDENCE INFORMATION

Do you rent or own your home? _____ Number of years at above address _____ If you rent, will your landlord accept an animal living in your home? _____

Type of residence: House __ Condo __ Apartment __ Number of bedrooms: _____

If you checked 'apartment', is it located in a: House _ Basement __ High-rise __

Do all windows have secure screens? _____ Is there air-conditioning? _____ Is there a balcony? _____ Is the balcony enclosed from top to bottom? Will the cat be allowed on the balcony? _____

OCCUPANT INFORMATION

Number of people in residence: _____ Number of children in household: _____ Ages: _____

Is an adult home during the day? _____ If so, for how long? _____

Is there anyone in your home who suffers from cat allergies? _____ How would you deal with the allergy? _____ What would happen if the allergy got worse, or a family member developed an allergy? _____

Do all the adults currently living in your home agree with the adoption of this pet? _____

OTHER PETS IN RESIDENCE

| Type (cat, dog, bird, etc) | Breed | Male or Female | Spayed or Neutered (yes or no) | Date of last vaccination | Age | Indoor, Outdoor or Both |
|----------------------------|-------|----------------|--------------------------------|--------------------------|-----|-------------------------|
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Do you intend to declaw the cat/kitten? _____ If so, why? _____

If you had previous pets, what happened to them? _____

How long has it been since you had your last cat? _____ Will your new cat be kept indoors, outdoors or both? _____ If you have or had a cat, what cat food (brand name) did you or are you giving your pet? _____

Do you have a friend or relative who would look after your pet/pets when you have to stay away from home? _____ Do you think you have sufficient income to meet the occasional extraordinary costs of caring for your pet? _____

What is the name of your veterinarian/clinic? _____

Applicant's Signature: _____ Date: _____