

Cat Adoption Application



Applicant Name: _____ Date: _____
 Street Address: _____
 City: _____ Province: _____ Postal Code: _____
 Mailing Address (if different): _____
 Home Phone: _____ Cell: _____
 Work Phone: _____ Email: _____

Type of Residence: House Apartment Other: _____

How long have you lived at this address? _____

Do you: Rent Own Shared Accommodation

If renting or living in shared accommodation, are pets accepted by landlord/roommates? Yes No

Number of Adults in Household: _____ Number and Ages of Children in Household: _____

Do any family members have allergies? Yes No If yes, please explain: _____

Current Household Animals

Name	Type/Breed	Gender	Age	Spayed/Neutered	Vaccinations Current?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Information about animals you've had in the past five years that you no longer have

Type	How long did you have?	Reason you no longer have animal

If you had a cat(s) or dog(s) previously, were they spayed/neutered and vaccinated? Yes No

Who is your veterinarian? _____

Do you plan to declaw this cat? Yes No Do you understand Critteraid's policy on indoor cats? Yes No

www.critteraid.org

Box 235, 113-437 Martin Street
 Penticton, BC V2A 5L1
 Ph: 250-494-5057

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Can you comply to having a cat totally indoors (unless totally supervised outdoors or on a leash)? Yes No

What age group are you in? 19 to 30 31 to 50 51 and over

Occupation: _____

How many hours are you away from home during the day? _____

How often do you travel? _____ Who will care for your cat while you are away? _____

What are your reasons for adopting a cat? _____

What are you looking for in a kitten/cat? _____

Any particular colour? _____ Male Female Either Short Fur Long Fur

Would you consider two cats? Yes No (We often have very attached pairs to place)

We do not recommend clumping cat litter with the exception of natural clay litter. Yes No
Will you provide non-clumping cat litter for your cat?

What brand of food will you feed? _____ Dry Wet

Will you provide a scratching post for your cat? Yes No

Are you willing to keep this cat for his/her lifetime? Yes No

If your circumstances change and you can no longer keep a cat, do you agree to return the cat to Critteraid? Yes No

Comments: _____

Please provide two references

Name	Phone	Relationship
1.		
2.		

Can you help with volunteering? Yes No Fundraising Fostering Special Projects

I hereby authorize my veterinarian to release any medical records requested by Critteraid.

Signature: _____ Date: _____

Name (please print): _____

Please complete this form, sign and date it, and send to:

Critteraid
Box 235, 113-437 Martin Street
Penticton, BC V2A 5L1

Or scan and email
the completed form to:
info@critteraid.org

For Office Use	Date: _____
Animal: _____	
Tattoo#: _____	Microchip#: _____
References Checked: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Check Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Initials: _____	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No

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