

Cat Adoption Application

Cat Name _____

Applicant Name _____ Date _____

Type of Residence House Apartment Other

How long have you lived at this address? _____

Do you Rent * Own Shared Accommodation

* Landlord Name _____ Phone # _____

Do any family members have allergies? Yes/No

Current Household Pets

Name	Type/Breed	Gender	Age	Spayed/Neutered	Vaccines up to date
				Yes/No	Yes/No
				Yes/No	Yes/No

Were your previous pets spayed/neutered and vaccinated? _____

Who is your veterinarian? _____ Do you plan to declaw this cat? Yes/No

Do you understand Critteraid's policy on indoor cats? Yes/No

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

What are your reasons for adopting a cat? _____

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

I have been informed of any and all health conditions that the cat has, that Critteraid is aware of at the time of adoption Yes/No

Applicant name _____ **Cat Name** _____

Street Address _____

City _____ Province _____ Postal Code _____

Mailing address (if different) _____

Cell Phone _____ Home Phone _____

For Office Use

Animal name _____ Microchip # _____

Landlord approval Y/N Application approved Y/N

Payment type _____ Payment Amount _____ Date of payment _____

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

Name (please print): _____

Signature: _____ Date: _____

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

Critteraid
Box 325, 113-437 Martin St.
Penticton, BC V2A 5L1

or scan & email to:
info@critteraid.org

