



The Strength of People • The Power of Community • The Voice of Animals

### 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

