

# ADOPTION APPLICATION

## PERSONAL INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home/ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## HOUSEHOLD INFORMATION

Do you:      Own                  Rent                  Live with Family

Type of housing:      House                  Town House                  Apartment

If renting, do you have the landlord's consent to have pets: Yes      No

Landlord's Name: \_\_\_\_\_ Landlord's Phone Number: \_\_\_\_\_

How many children live at home: \_\_\_\_\_ Ages: \_\_\_\_\_ How many adults: \_\_\_\_\_

Are there children who regularly visit: Yes      No      If yes, what ages: \_\_\_\_\_

## CURRENT PETS

Total number of pets in the home: Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_ Other Animals: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M      F      Spayed/Neutered: Yes      No

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M      F      Spayed/Neutered: Yes      No

Are you current pets up to date on wellness checks/vaccines: Yes      No

Please list any other pets you have owned in the past 5 years:

Breed \_\_\_\_\_ Years Owned \_\_\_\_\_ What happened to pet: \_\_\_\_\_

Breed \_\_\_\_\_ Years Owned \_\_\_\_\_ What happened to pet: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

## ADOPTABLE CATS

What type of personality are you looking for in a new cat/kitten: \_\_\_\_\_

Who is the new cat/kitten for: \_\_\_\_\_

Are you interested in a bonded pair: Yes No Comments: \_\_\_\_\_

The cat/kitten will be: Indoor only Outside Combination of both

Do you plan to declaw: Yes No

Do you have a plan to introduce you new cat into your household: Yes No Need Advice

Do you have a plan for regular veterinary care: Yes No Need Advice

Any additional comments that may be helpful for matching the purrfect cat for your home:

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## VETERINARIAN INFORMATION

Clinic Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_ Years as Client: \_\_\_\_\_

## PERSONAL REFERENCES

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Years Known: \_\_\_\_\_

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**APPLICANT:** \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*

*Print application and mail to:*

**OR**

*Email to:*

**Cats of Salt Spring Rescue Society**  
PO Box 837 Ganges, Salt Spring Island  
British Columbia, V8K 2W3

**info@catsofsaltspring.com**

I am/we are interested in adopting the following cat(s):

Name: \_\_\_\_\_ Number: \_\_\_\_\_

***For Society Use Only:***

**Note:**