



ADOPTION APPLICATION

Please circle the appropriate Yes/No answer

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

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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/KITTENS

What type of personality are you looking for in a new 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:

VETERINARIAN INFORMATION

Clinic Name: _____ Phone # _____

Veterinarian Name: _____ Years as Client: _____

PERSONAL REFERENCES

Name: _____ Phone # _____ Years Known: _____

Name: _____ Phone # _____ Years Known: _____

APPLICANT: _____ Date: _____

Signature

Print application and mail to:

OR

Email to:

Salt Spring Cat,
127 Rainbow Road,
Salt Spring Island BC, V8K 2V5

katrescue007@gmail.com

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

Name: _____

Notes: