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

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? _____

PO Box 837 Ganges | Salt Spring Island, British Columbia | V8K 2W3 | **Catsofsaltspring.com**

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:

_____

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:*

Cats of Salt Spring Rescue Society   **info@catsofsaltspring.com**
PO Box 837 Ganges, Salt Spring Island
British Columbia, V8K 2W3

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

Name: _____ Number: _____

For Society Use Only:
Note: