

Date: _____



PO Box 1581, Unity, SK
S0K 4L0
kcrescue@sasktel.net

Adoption Application

Please answer the following questions to assist us in matching you with a suitable cat from our program

Your Name: _____ **Phone #:** _____

Address: _____

Email Address: _____

Name of cat you are interested in: _____

1. Please describe in detail the personality of animal you wish to adopt.

2. Housing information:

Dwelling Type:

___ House ___ Townhouse ___ Residence/Student Housing ___ Apartment/Condo

Do you:

___ Rent ___ Own ___ Live with Family

3. If renting, are you allowed to have pets?

Please provide landlord name and phone number: _____

4. Have you ever owned a cat before? _____

If yes, what happened to this/these pets?

5. If you have current pets, please provide their details below:

Current Pet Information	Pet 1	Pet 2	Pet 3	Pet 4
Type/Breed				
Age				
Sex				
Spayed/Neutered				
Vaccines Current				
Medical Conditions				
Where/When Acquired				
Indoor/Outdoor/Both				

6. Do you anticipate any difficulties with your current pets accepting a new animal? _____

If yes, please explain: _____

7. Have you ever surrendered, sold or given away an animal? _____

If yes, please explain: _____

8. Why do you want to adopt a cat? _____

9. If the cat becomes ill, do you agree that you are responsible to ensure his/her health? _____

10. Are you prepared to pay \$60 to \$100 a year for vet exams and vaccinations? _____

11. What are your feelings on vaccinations? _____

12. What is your opinion on declawing? _____

13. Do you agree **NOT** to have this cat declawed? _____

14. Are all members of your family in agreement about adopting a pet?

15. How would you describe your household? (quiet, average, noisy, active, etc)

16. Will this cat be going outside? If so, what provisions will be provided to ensure its safety?

17. What will you do if the animal shows destructive behaviour? (scratching furniture, etc)

18. What behaviours would be unacceptable to you and how would you address those issues?

19. Are you aware of the grooming needs for this cat? (nail trimming, brushing, clipping hair)

20. What will you do with your animal if you go on vacation?

21. What will you do with the animal if the circumstances of your life change? (marriage, baby, move, illness etc)

22. For what reason would you consider surrendering an animal?

23. Would you permit a volunteer to check on the cat by phone or in person? _____
24. Do you agree to pay a non-refundable fee of \$130 to help cover the expenses of interim care and housing? _____
25. Do you agree to bring the cat/kitten back to KC if the cat has not completed its vaccinations or needs to be spayed/neutered? _____

If not, do you agree that these will be done at your own expense? _____

Please note that KC Rescue reserves the right to take the animal back into our custody if we feel the animal is not being cared for in a healthy and positive manner.

REFERENCES

Name of Veterinarian: _____ **Clinic Name:** _____

Phone #: _____

Please authorize your veterinarian to release information to KC Rescue if required.

Personal Reference Name: _____ **Relationship:** _____

Phone #: _____

Current Employer: _____ **Phone #:** _____

Please email your completed application to kcrescue@sasktel.net or contact us to arrange a meeting.

All applications need to be approved by the Board of Directors and KC Rescue reserves the right to refuse any application.