



Souls & Tails

Office use only

approved

denied

ADOPTION APPLICATION

Please fill out the application completely in order to ensure that a particular pet is a good match for you and your family, as well as you are for them. All animals that we adopt out come from the streets or abusive homes; our goal is to stop the overpopulation of animals and to find them loving and caring forever homes.

Incomplete applications will not be approved. You must be 21 years of age or older in order to adopt.

Adoption Fee is \$150. All cats/kittens that are adopted out and if of age, come into your home already vaccinated, and neutered/spayed. All cats get FIV testing prior to being adopted out.

Name of the furry friend you wish to adopt: _____

Contact Information

NAME: _____ DATE OF APPLICATION: _____

STREET: _____ CITY/POSTAL CODE: _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

DRIVER'S LICENSE NUMBER: _____

E-MAIL ADDRESS: _____

Residence

TYPE OF RESIDENCE: HOUSE CONDO/TOWNHOME APARTMENT SHARED ACOMMODATION

DO YOU: OWN RENT DO YOU HAVE YOUR LANDLORD'S PERMISSION? YES NO

PLEASE PROVIDE US WITH CONTACT INFORMATION FOR YOUR LANDLORD OR A COPY OF YOUR STRATA BY-LAWS

LANDLORD'S MAME/MANAGEMENT COMPANY: _____ PHONE NUMBER: _____

DO YOU HAVE BALCONIES? YES NO

DO YOU HAVE ANY PETS? WHAT KIND, HOW MANY, THEIR AGE, AND PERSONALITY QUALITIES:

Type of Pet	Name	Age	Sex M/F	Kept in/out/both	Spayed or neutered?	Personality

WHAT IS YOUR HOME ATMOSPHERE LIKE? BUSY SOME ACTIVITY QUIET & PEACEFUL

Your Family

1. NUMBER OF ADULTS (18+) AT HOME: _____ 2. NUMBER OF CHILDREN & AGE(S) _____
2. WE ARE:
 RARELY HOME(SLEEP THERE ONLY) AT HOME WHEN NOT AT WORK HOME ALL DAY (SOMEONE IS THERE)

3. HOW WOULD YOU DESCRIBE YOURSELF:

4. WHY ARE YOU INTERESTED IN ADOPTING THIS PET?

6. HAVE YOU HAD CATS BEFORE? YES NO

WHAT HAPPENED TO THEM? _____

7. HAVE YOU EVER SURRENDERED/ GIVEN AWAY A PET? YES NO

PLEASE STATE THE REASON: _____

Future Pet

1. SOME OF OUR CATS REQUIRE SPECIAL ATTENTION. IF NEEDED, DO YOU AGREE TO A HOME VISIT ? YES NO

2. WILL THIS PET BE INDOOR OUTDOOR BOTH

3. ON AVERAGE, HOW MANY HOURS WILL THIS PET BE ALONE ON: ___HOURS WEEKDAYS; ___HOURS WEEKENDS

4. WHEN THE CAT IS LEFT ALONE, WHERE WILL IT BE KEPT? _____

5. IF THE PET YOU WISH TO ADOPT HAS SPECIAL DIETARY RESTRICTIONS, WILL YOU UPKEEP THEM? YES NO

6. ARE YOU WILLING TO WORK WITH THE CAT/KITTEN ON ANY TROUBLED BEHAVIORS SUCH AS SCARTCHING, FEAR OF HUMANS, OR COOPERATION WITH OTHER ANIMALS? YES NO

7. DO YOU HAVE A VETERINARIAN? YES NO

8. ARE YOU COMMITTED TO PROVIDE OPTIMAL VETERINARY CARE FOR YOUR CAT SUCH AS CHECK-UPS, VACCINATIONS, AND FLEA MEDICINE? YES NO

PLEASE READ AND SIGN THE FOLLOWING STATEMENT IF YOU AGREE:

I, [YOUR FULL NAME] _____, PROMISE THAT IF AN EVENT ARISES IN WHICH I HAVE TO GIVE UP MY PET, I WILL CONTACT SOULS & TAILS PRIOR TO MAKING ANY NEW LIVING ARRANGEMENTS.

SIGNATURE _____

I CERTIFY, THAT ONCE MY KITTEN IS OF AGE, HE/SHE WILL BE NEUTERED/SPAYED.

SIGNATURE _____