



APPLICATION TO ADOPT

THANK YOU for opening your heart and home!
We will contact you as soon as possible.
Application must be filled out completely and be legible.
Contact 905-550-5424

YOUR PERSONAL INFORMATION:

Full Name: _____ Age: _____
Occupation: _____ Work Phone: _____
Home Phone: _____ Cell Phone: _____ Email: _____
Address: _____ City: _____
Prov: _____ Postal Code: _____ Best time/method to reach you: _____

PERSONAL HISTORY:

1. What size/breed/age of cat would you prefer to adopt? _____
2. Do you have children in the home? Yes: ____ No: ____ If yes, age(s): _____
If yes, have they been taught to handle animals correctly? What type of supervision will your children have while with the pet?

3. Do you have any other pets (cats, dogs, other)? Yes: ____ No: ____
If yes, list names, ages, breeds: _____
4. Do you know to gradually introduce new pets to old? Yes: ____ No: ____ (if not, please discuss)
5. Have you and your family had cats previously? Yes: ____ No: ____
6. What best describes your living situation?
I own ____ rent ____ a house ____ apartment ____ condo ____ live with my parents ____
If renting, does your landlord/property management company have a pet-friendly policy? Yes: ____ No: ____
7. Your annual income: _____ Household annual income: _____
8. Is everyone in the household in agreement with adopting? Yes: ____ No: ____
9. How many hours on average will the cat be left unattended? Per weekday: _____ Per weekend day: _____
10. Will you keep the cat inside 100% of the time and be very diligent making sure the cat does not escape outside? Yes: ____ No: ____
11. Have you or anyone in your family/household ever been charged with or convicted of neglect or cruelty to animals? Yes: ____ No: ____

COMMITMENT HISTORY:

Adoption of a cat is a lifetime commitment that includes financial responsibility, vet visits, etc.

1. Are you prepared for this? Yes: ____ No: ____
2. What do you expect the annual cost of owning a cat is (food, litter, toys, annual vet visits, other vet care)? _____
3. Do you have any plans to move in the near future? Yes: ____ No: ____
4. For whom are you adopting the cat? Self: ____ Gift for (describe): _____
5. Under what circumstances would you need to give up your cat? Allergies: ____ Aggression: ____ Cat Illness: ____ Shedding: ____
Clawing furniture: ____ Litter Box Issues: ____ Pet Conflict: ____ Divorce: ____ New Relationship: ____ New Baby: ____ Cost: ____
6. Have you ever surrendered or re-homed a pet before? Yes: ____ No: ____
If yes, please explain the circumstances: _____

COMMITMENT HISTORY, continued



7. Have you ever had to euthanize a pet before? Yes: ____ No: ____

If yes, please explain circumstances: _____

8. Have you ever had a cat declawed before? Yes: ____ No: ____

9. Problems you are willing to work with your cat on:

BEHAVIOURAL: Litter box issues: ____ Furniture scratching: ____ SOCIALIZATION: Fearful: ____ Shy: ____ Nervous: ____

I am not willing to work on any problems: ____ I need more information to decide: ____

10. If you have difficulty with the cat's behaviour, who will you call for advice? _____

11. If you must give up the cat, what would you do? _____

12. What will you do with the cat when you go on vacation? _____

13. Does anyone in your family have allergies/asthma? _____

14. What will you do with your cat if some developed allergies? _____

REFERENCES

VETERINARIAN: (Please contact your vet ASAP to give them permission to speak with one of our volunteers)

Veterinarian Name and Phone Number: _____

Veterinarian Address: _____

Personal References (please contact them in advance so they know we will be calling)

Name:	Relationship:	Address:	Phone #:

ADOPTION POLICY

Please note that kittens need to be adopted in pairs or go to a home with another young cat.

If cats are listed as bonded, they must be adopted together.

Please read and initial each item below to demonstrate agreement and understanding of our policies and procedures.

	I understand that my application for a specific cat is not guarantee of approval for that cat. Applications are not reviewed based on first come first served basis. Spay Neuter Initiatives Association (SNIA) takes into account the best interests of the cat when placing.
	If the cat is on medication when adopted, I will continue the medication as directed.
	I will not let the cat outside.
	I will not declaw the cat.
	I will not rehome the cat without contacting SNIA in advance.

DECLARATION:

I receive the cat at my own risk and can reject or return any animals to SNIA. I indemnify and hold SNIA free and harmless from all liability arising out of any and all claims, demands, losses, damages, action, judgement of every kind and description which may occur to or be suffered by me, members of my household, or any third parties by reason of activities arising out of this agreement. I release SNIA from responsibility for any diseases that may be contracted by my resident animal(s) from the adopted animal. By submitting this application, I affirm that what I have submitted is true and complete. I also understand and agree to the policy as outline above.

Name (print): _____ Signature: _____ Date: _____

To submit this application: scan and email it to wjulieamber@yahoo.com or text a snapshot to 905-550-5424.