

## **TAILS OF FREEDOM RESCUE INC. ADOPTION APPLICATION**

Please complete the Tails Of Freedom Rescue Inc. (TFR) adoption application as thoroughly as possible. We will contact you between 3-5 business days if your application is selected and the animal you are applying for is still available. If you have any questions regarding adopting from TFR please email is at [TFRadoptions@gmail.com](mailto:TFRadoptions@gmail.com).

Applicants must be 18+

Which animal are you applying for: \_\_\_\_\_

Did you meet the animal at Cleocatra Cat Cafe?

☐ Yes ☐ No

Have you met this animal in person?

☐ Yes ☐ No

How soon can you bring the new animal home after the adoption is finalized?

☐ 1-3 days ☐ 4-7 days ☐ 7 days +

### **APPLICANT INFORMATION**

First & last name(s): \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

This phone number is... ☐ cell phone ☐ landline

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### **HOUSEHOLD INFORMATION**

Select your age group:

☐ 18-25 ☐ 26-40 ☐ 41-60 ☐ 61-75 ☐ 75+

Employment status:

☐ Working (full time) ☐ Working (part time) ☐ Student ☐ Retired

How many hours per day, on average, are you away from home?

☐ 2-4hr ☐ 4-8hr ☐ 8-12hr ☐ More than 12hr

Number of adults living in your home: \_\_\_\_\_

Number of children living in your home and ages: \_\_\_\_\_

Is everyone in agreement of adopting an animal?

☐ Yes ☐ No

Will everyone in your household be able to attend the meet and greet of the animal? If no, why?

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Home status:

- ☐ Rent your home                      ☐ Own your home

If renting, do you have permission from your landlord?

- ☐ Yes                      ☐ No

Name of landlord: \_\_\_\_\_

Phone number of landlord: \_\_\_\_\_

How long have you lived at the above address? \_\_\_\_\_

What is the usual noise/activity level in your home?

- ☐ Low                      ☐ Low/Medium                      ☐ Medium                      ☐ Medium/High                      ☐ High

If you are adopting a dog, do you have a fenced in yard? If yes, how high?

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If you do not have a fenced in yard, how do you plan to keep the animal safely in the yard?

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Home checks are done virtually for the safety of out volunteers. Do you agree to complete a home check with one of our TFR home check members?

- ☐ Yes                      ☐ No

## **PET INFORMATION**

Do you currently have other pets?

- ☐ Yes                      ☐ No

If yes, please indicate the number of animals in your home, and list the species, name, age, sex, their behavioural description and if they are indoor/outdoor.

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Are your current animals spayed/neutered?

- ☐ Yes                      ☐ No

Are your current animals up to date with vaccines?

- ☐ Yes                      ☐ No

When did your current animals receive their last vaccinations?

Will the animal you are adopting today be indoor only, outdoor or both indoor/outdoor?

- ☐ Indoor only      ☐ Outdoor      ☐ Both indoor and outdoor

If not indoor only, please explain:

Have you ever lost, surrendered or put down a previous pet?

- ☐ Yes      ☐ No

If yes, please explain:

How often do you take your animals to the vet?

- ☐ Once a year      ☐ Every 5 years      ☐ Only when a problem arises

Please provide the name and number of your veterinary clinic:

Name: \_\_\_\_\_ Number: \_\_\_\_\_

### **CHARACTER INFORMATION**

Why are you wanting to adopt?

Have you adopted an animal before?

- ☐ Yes      ☐ No

If yes, from where? \_\_\_\_\_

Animals are life long commitment and can live 15-20+ years. Are you prepared to have an animal for this amount of time?

- ☐ Yes      ☐ No

If you go away, where will your animal stay? Who will take care of them?

Future events like new jobs, new relationships, marriage, or having children can be stressful. Are you able to cope with these additional stressors and continue to look after your animal?

- ☐ Yes      ☐ No

What is the plan for the animal if something were to happen to you?

All animals need time to transition to their new home. Are you willing to work with the animal until the transition is complete?

- ☐ Yes      ☐ No

Some animals will need training. In that event, are you willing to pay for/provide the proper training they may need?

- ☐ Yes ☐ No

Will you be open to receiving advice and support from TFR if issues with your adopted animal arise?

- ☐ Yes ☐ No

Do you or anyone in your household suffer from allergies? What will you do if you or your family member develops an allergy?

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## **REFERENCE**

Please list a personal reference (not a relative)

First & last name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please provide an emergency contact person (not living with you)

First & last name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Are you aware of the current by-laws regarding owning a cat?

- ☐ Yes ☐ No

If an unexpected medical condition or emergency came up, would you be able and willing to provide the necessary medical care needed?

- ☐ Yes ☐ No

What amount would you be able to spend on hour animal if a medical emergency came up?

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I, the undersigned, agree that all the information on this application is true and fully understand all of the questions. I further understand that any falsified information will terminate the adoption process. I understand that Tails Of Freedom Rescue Inc. may check my references and the accuracy of the statements I have given. I understand the completion of this form does not guarantee that I will be able to adopt the animal I am applying for.

- ☐ Yes ☐ No

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_