

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 within 3-5 business days regarding your application. If you have any questions regarding adopting from TFR please email us at tailsoffreedomrescue@gmail.com
Applicants must be 18+

Animal(s) name you are applying for: _____

Did you meet the animal at Cleocatra Cat Café
 Yes No

APPLICANT INFORMATION

Name(s): _____

Email: _____

Phone Number: _____

Address: _____

City/Province: _____ Postal Code: _____

HOUSEHOLD INFORMATION

- Are you currently working?
 Full Time Part Time No, I'm retired
 Other: _____
- How many hours are you typically away from home?
 2-4 hours 4-8 hours 8-12 hours More than 12 hours
 Other: _____
- Number of adults living in your home: _____
- Number of children living in your home: _____ Ages? _____
- Is everyone in agreement for adopting a pet? _____
- Is everyone in your household able to meet the adoptee?
 Yes No
If no, why? _____
- Do you currently:
 Own your home Rent your home
- If renting, do you have permission from your landlord to adopt?
 Yes No
Landlord's name: _____
Phone Number: _____
- How long have you lived at the above address? _____
- If under 6 months, what was your previous address and how long did you reside there?

- Do you have other pets at this time?
 Yes No
 If yes, how many, what kind, and how old?

- Are they spayed/neutered?
 Yes No
- Are they up-to-date on all vaccinations?
 Yes No
- If adopting a dog, do you have a fenced yard?
 Yes No If yes, how high is it? _____
- Have you cared for a cat/dog before?
 Yes No
- Do you agree to let a member of Tails of Freedom Rescue Inc. do a home check if needed?
 Yes No

CHARACTER INFORMATION

- What is your reason for wanting to adopt?

- Have you ever adopted an animal before?
 Yes No If yes, from where and when? _____
 If no, what experience do you have with animals: _____
- What will you do with your animal if you must move or go on vacation?

- Future events like marriages, new relationships 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 will you do if you adopt another animal and this causes problems with the animal you are adopting today?

- Would you be open to receiving advice and support from TFR?
 Yes No
- Many people suffer from allergies especially in the Spring. Most allergies to animals can be controlled and, in most cases, be overcome. What will you do if you or a family member develops an allergy? _____
- Cats can live up to 18 to 22 years and dogs can live up to 14-16 years. Are you willing to make future adjustments to accommodate your new pet?
 Yes No
- Name and number of your veterinarian or vet clinic (if you have other pets) :

- Please list a personal reference (not a relative)
 Name: _____
 Phone Number: _____

Relationship: _____

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

Name: _____

Phone Number: _____

Relationship: _____

- If adopted, the animal will be:
o Indoor only o Outdoor only o Both indoor and outdoor
- Have you ever had to rehome an animal? If so, why? _____
- Are you aware of the new by-laws regarding owning a cat?
o Yes o No o N/A
- The average yearly cost of vet care is approximately \$200. Can you afford this and are you willing to provide this care to your pet?
o Yes o No
- Accidents happen. The average emergency bill is \$700-\$1000. Can you afford this and are you willing to provide this care if required?
o Yes o No

I, the undersigned, understand the above information and I certify that all the information I have provided is correct and true to the best of my ability. I understand that Tails of Freedom Rescue Inc. may check my references and the accuracy of the statements given by me.

Applicant Signature: _____

Witness Signature: _____

Date: _____

VETERINARIAN INFORMATION RELEASE FORM

I, the undersigned, authorize the aforementioned veterinary clinic/animal hospital to release any and all information and knowledge they have regarding my past care of animals in my possession to the directors of Tails of Freedom Rescue Inc. Tails of Freedom Rescue Inc. in turn, agrees to keep all such information obtained confidential and to use the information solely for the purpose of determining suitability of the individual as per PIPEDA. Any information obtained will not be released to other parties unless the individual authorizing the release gives us written consent.

Applicant Signature: _____

Witness Signature: _____

Date: _____