



**Alberta Sphynx Rescue Adoption Application**

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

Address: (city/province/postal code): \_\_\_\_\_

Cell phone: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Tell us about the people you live with: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you own your own home? \_\_\_\_\_

If renting, do you have your landlord's approval? \_\_\_\_\_

Number of animals allowed? \_\_\_\_\_

Please describe the activity level in your home (is your home quiet, busy or somewhere in between?)

\_\_\_\_\_  
\_\_\_\_\_

Do children frequently visit your home? \_\_\_\_\_

Do you, or any household members, have any known allergies to cats? \_\_\_\_\_

**PLEASE TELL US ABOUT YOUR PETS.**

How many pets have you owned in the last 5 years and where are they now? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are all your pets spayed/neutered? \_\_\_\_\_

Are your current pets up to date with vaccinations? \_\_\_\_\_



**ALL ABOUT THE SPHYNX**

How long have you been thinking about adopting a Sphynx? \_\_\_\_\_

\_\_\_\_\_

Are you aware of HCM (hypertrophic cardiomyopathy) that has been linked to the Sphynx breed? A heart scan is used to see if a cat has HCM and to determine what, if any, treatment a cat may require. Is this something you are prepared to ensure your new Sphynx will have access to? \_\_\_\_\_

Who will be the primary caregiver of the new cat? \_\_\_\_\_

How many hours per day, on average, would your Sphynx spend alone in the house? \_\_\_\_\_

\_\_\_\_\_

Where will your Sphynx be when you are not at home? \_\_\_\_\_

\_\_\_\_\_

Our Sphynx cats are adopted as indoor cats only. Do you agree to keep your cat indoors? \_\_\_\_\_

We do not condone declawing; do you agree that you will not have your new Sphynx declawed? \_\_\_\_\_

Have you done research into the Sphynx breed? Any experience with the Sphynx breed? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you aware of Sphynx grooming requirements? Please give a brief description. Are you willing to take on this responsibility? \_\_\_\_\_

\_\_\_\_\_

Are you aware of the "extras" your Sphynx cat may require?

\_\_\_\_\_

Are you prepared to allow your Sphynx cat a period of time to adapt to their new home and new people?

\_\_\_\_\_

Do you understand that entering a new environment may cause your Sphynx to have accidents, claw etc?

\_\_\_\_\_



How would you handle this? \_\_\_\_\_

\_\_\_\_\_

If behavioural issues occur, what steps would you take to remedy the situation? \_\_\_\_\_

\_\_\_\_\_

If you are away who will take care of your cat? \_\_\_\_\_

\_\_\_\_\_

Under what circumstances would you rehome your cat? What would you do in this case? \_\_\_\_\_

\_\_\_\_\_

Should we determine that the cat you are applying for is not a match to you, would you be interested in being matched with another potential cat? \_\_\_\_\_

**Please provide two references, include contact number:**

Reference 1: \_\_\_\_\_

Reference 2: \_\_\_\_\_

**Alberta Sphynx Rescue requires a home check to be completed at a mutually agreeable time.**

Thanks for your interest in Alberta Sphynx Rescue and for taking the time to fill out our application. We take great care in selecting the best home for each cat that comes into our care. Once approved to adopt please be aware that you will be required to sign an adoption contract and submit an adoption fee. Our adoption fee is \$400-1,500, this may vary depending on age, medical needs, etc.

**I have read and filled out this application honestly. I understand that omission of information or failure to answer questions may result in this application being declined.**

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

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed application to [albertasphynxrescue@gmail.com](mailto:albertasphynxrescue@gmail.com)