



# GEORGINA FERAL CAT COMMITTEE

## APPLICATION TO ADOPT

### PERSONAL INFORMATION:

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

Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

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): \_\_\_\_\_  
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 pets (cats, dogs, other)? Yes: \_\_\_\_ No: \_\_\_\_  
If yes, list names, ages, breeds: \_\_\_\_\_
4. Do you know how 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?  
Own: \_\_\_\_ Rent: \_\_\_\_ / House: \_\_\_\_ Apartment: \_\_\_\_ Condo \_\_\_\_ / Live with parents: \_\_\_\_  
If renting, does your landlord/property management company have a pet-friendly policy? Yes: \_\_\_\_ No: \_\_\_\_
7. Is everyone in the household in agreement with adopting? Yes: \_\_\_\_ No: \_\_\_\_
8. How many hours on average would the cat be left unattended? Per Weekday: \_\_\_\_ Per Weekend Day: \_\_\_\_
9. Will you keep the cat inside 100% of the time and be diligent that the cat does not escape? Yes: \_\_\_\_ No: \_\_\_\_
10. Have you or anyone in your family/household ever been charged 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. Do you have any plans to move in the near future? Yes: \_\_\_\_ No: \_\_\_\_
3. For whom are you adopting the cat? Self: \_\_\_\_ Gift for (describe): \_\_\_\_\_
4. Under what circumstances would you need to give up your cat?  
Allergies: \_\_\_\_ Aggression: \_\_\_\_ Cat Illness: \_\_\_\_ Clawing Furniture: \_\_\_\_ Litter Box Issues: \_\_\_\_ Pet Conflict: \_\_\_\_  
Divorce: \_\_\_\_ New Relationship: \_\_\_\_ New Baby: \_\_\_\_ High Cost of Care: \_\_\_\_ Shedding: \_\_\_\_
5. Have you ever surrendered or re-homed a pet before? Yes: \_\_\_\_ No: \_\_\_\_  
If yes, explain circumstances: \_\_\_\_\_
6. Have you ever had to euthanize a pet before? Yes: \_\_\_\_ No: \_\_\_\_  
If yes, explain circumstances: \_\_\_\_\_
7. Have you ever had a cat declawed before? Yes: \_\_\_\_ No: \_\_\_\_

8. 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: \_\_\_\_

9. If you have any difficulties with the cat's behaviour, who will you call for advice? \_\_\_\_\_

10. If you must give up the cat, what would you do? \_\_\_\_\_

11. What will you do with your cat when you go on vacation? \_\_\_\_\_

12. Does anyone in your family have allergies/asthma? Yes \_\_\_\_ No \_\_\_\_

13. What will you do with your cat if someone developed allergies? \_\_\_\_\_

#### REFERENCES

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

Veterinarian Name and Phone Number: \_\_\_\_\_

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

Personal Reference (please contact them in advance so they know we will be calling)		
Name:	Relationship:	Phone:

**ADOPTION POLICY (Please read and initial each item to demonstrate agreement and understanding of our policies and procedures).**

	I understand that my application for a specific cat is no guarantee of approval for that cat. Applications are not reviewed based on first come first served basis. Georgina Feral Cat Committee takes into account the best interests of the cat when placing.
	If the cat is on medication when received, 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 Georgina Feral Cat Committee in advance.
	In the event the cat adopted is not already spayed/neutered, as in the case where it is still too young, I agree to follow up with the spaying/neutering as soon as it is old enough. The adoption fee covers the cost for this surgery as long as the arrangements are made with Georgina Feral Cat Committee, and their veterinarian, in advance.

#### DECLARATION:

I receive the animal(s) at my own risk and can reject or return any animals to Georgina Feral Cat Committee. I indemnify and hold Georgina Feral Cat Committee free and harmless from all liability arising out of any and all claims, demands, losses, damages, action, judgment 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 Georgina Feral Cat Committee from responsibility for any diseases that may be contracted by my resident animal(s) from the foster 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 outlined above.

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*To submit this application: Scan and e-mail it to: georginacatcommittee@gmail.com*

*Or mail the hard copy to: GFCC, 23 Pete's Lane, Pefferlaw, ON L0E 1N0*

*If you have any questions, you can reach us by e-mail at: [georginaferals@gmail.com](mailto:georginaferals@gmail.com)  
or Facebook messenger: [Facebook.com/GeorginaFeralCatCommittee](https://www.facebook.com/GeorginaFeralCatCommittee)*

**THANK YOU for opening your heart and home! We will contact you as soon as possible.  
Please be patient - we are volunteer run and have full time jobs and lives outside of rescue.**