



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: Litterbox 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 behavior, 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:	Address:	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: georginaferals@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 or by phone at: 289 231 7230 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.**