Heidi's Kitty Haven Cat Adoption Application

40 William St, Cardinal, ON, K0E 1E0

(514) 465-9790 | www.heidiskittyhaven.ca Federal Non-Profit Organization #: 1530326-5

Adoption Terms & Conditions – Please Read Carefully

Please initial next to each statement to confirm your understanding.

(Do not proceed if you do not agree with any of the following terms.)

All cats are spayed/neutered, vaccinated (FVRCP & booster if age-appropriate), dewormed, flea-

treated, and microchipped be	fore adoption. Initials			
 The rabies vaccine is not inclu 	ded in the adoption fee.	Initials		
Heidi's Kitty Haven remains the second control of the second	e primary microchip cor	ntact; adopters	are listed as emerge	ency contacts
Initials			1.92.1.	
All application information is I				
 A signed Adoption Contract a finalized. Initials 	nd non-refundable adop	i tion fee are re	quired before adopt	ion is
 Applicants must be at least 23 	L years old. Initials			
 Adoptions are based on the b 				
 If a cat adopted from Heidi's k 	(itty Haven must be relin	quished for AN	Y reason, it must be	surrendered
back to the rescue; Not given	away to family, friends, a	nother shelter	or rescue OR put or	utside.
Initials				
	• Annii sant Infan			
	Applicant Infor	mation		
full Name:				
ull Name: Address:				
City:P	rovince:	Postal C		
mail:				
Date of Birth:				
Phone Number(s): Cell:	0	ther:		
Which cat(s) are you interested in? _				
Why did you choose this cat?				
	A Housing De	tails		
Type of residence: Detached:	Semi-detached:	Condo:	Apartment:	Other
Do you rent your home? Yes	No			
Are there areas in your home acc		noso safoty ris	ke lo a - onon walle	or
ceilings)? Yes No	-	pose salety its	oks (e.g., open wans	OI .
ceilings): TesNO				

Initials

Household Information

 Number of people in the home: AdultsChildren 	Tenants/Roommates/Other
• Does everyone agree with adopting a cat? Yes No	0
Children's ages (if any):	
How do your children interact with animals?	
 Are children supervised around pets? Yes No 	
Any known allergies to cats? Yes No	
• If someone develops an allergy, how will you handle it	
Local limit for number of pets:	
• Are you a student or planning to attend school soon? \	
If yes: What level? Planning to live on campus? Y	
What will happen to your cat after graduation?	
₩ Pet Histor	ry
Do you currently own any cats? Yes No	
If yes: How old are they?: No No No	
Up-to-date on vaccines? Yes No No No No No	
 Do you allow your cat (s) to go outside? Yes 	No
 What do you currently feed your cat(s) Dry, wet, ar 	
	iu bi aliu.
Do you have any other pets: Yes No If yes: What type and how many?	
How long have you had your current pets?	
Have any of your pets lived with other cats? Yes No	
How would you introduce your new cat to them?	
Have you had pets in the past that you no longer have? Ye	
If yes: What happened to them?	
Have any of your pets ever had babies? Yes No	
If yes: Please explain.	
Adoption Que	stions
Owning a cat is a 15–20 year commitment. Are you prepar	red to care for a cat for its entire life, regardles
of health issues that may come up? Yes No	=
Please explain:	
Describe your lifestyle:	
What personality traits in a cat would best fit your lifestyle	?
Will the cat be allowed outdoors? Yes No	
What's your position on declawing cats?	
	Initials

What should a got and to stouch and thu?	NO
What diet will you food your get? (Include fo	
	ood type and brand)
Under what circumstances might you give u	you? up your cat?
	cat when you travel?
	the event of life changes (e.g., move, marriage, children,
death)?	
Estimated annual cost to care for your cat: _	
	vaccinate, microchip, deworm, and flea treat a cat at a vet?
How does this compare to our adoption fee	?
Emergency medical care can happen unexpe	ectedly. How would you handle this?
	ding?
Do you plan on purchasing pet insurance? Y	
Do you currently have a veterinarian? Yes _	No
V ₂ Vet	terinarian Reference
Vet's Name:	
Clinic Name:	
Clinic Address:	City:
Phone Number:	
Have your pets seen other vets? Yes N	No
If yes, provide name/contact of previous cli	nics:
Vet records are under the name(s):	
, authoriz	e the release of my pet's medical history to Heidi's Kitty Hav
Signature:	Date:
Sersona	al Reference (non-family)
l Name:	
one: ail:	
one:	
eail: Have you or anyone in your household ever	
one:	Final Questions been investigated by an animal welfare agency? Yes
one:	Final Questions

Final Statements – Please Initial:

• I agree the adopted cat must stay in my care; if unable to keep it, I will return it to Heidi's Kitty Haven.
 I agree to a home visit before or after adoption at Heidi's Kitty Haven's discretion I understand that adoptions are not same-day decisions I understand this rescue is volunteer-run, and applications take 7–10 days to process I understand I will either pick up my cat or receive delivery to my home after approval If my application is rejected, any applications by my friends/family will also be rejected I understand unexpected illness or emergencies can happen without notice and must be treated, and therefore pet insurance is strongly recommended
How did you hear about us?
Final Acknowledgment
FALSIFIED INFORMATION WILL RESULT IN IMMEDIATE REJECTION OF THE APPLICATION
HEIDI'S KITTY HAVEN RESERVES THE RIGHT TO REJECT ANY APPLICATION FOR ANY REASON
I understand that it is my responsibility to visit and evaluate the cat/kitten for myself before agreeing to the adoption. The adoption of a lifelong animal companion should never be an impulse, but rather a carefully thought-out decision which will ensure a loving long lasting relationship.
Applicant Name:
Signature:
Date:

Initials _____