



ALL PAWS RESCUE SERVICES ADOPTION APPLICATION

A Registered Non-Profit Organization

NAME(S) OF CAT(S): _____

DATE: _____

PLEASE COMPLETE ALL INFORMATION FULLY, LEGIBLY AND ACCURATELY TO HAVE YOUR APPLICATION CONSIDERED

BASIC INFORMATION:

Name: _____ **Cell Phone:** _____

Address: _____ **Home Phone:** _____

Unit #: _____ **Postal Code:** _____ **Email:** _____

City: _____

How did you hear about All Paws Rescue? _____

YOU AND YOUR FAMILY

Are you over the age of 18? Yes No

Do you have children? Yes No If yes, please specify age(s) _____

Are you currently working: Full-time Part-time School Retired Other _____

Does anyone in your family have allergies to animals? Yes No

Please list all other adults in the home and relationship: _____

Have you or any household members been charged with or convicted of neglect or cruelty to animals? Yes No

What type of home do you live in? (select below) Are pets permitted? Yes No

House Townhouse Semi-detached Condo/Apt Shared/room rental Other

ADOPTION

Why would you like to adopt a cat? Select all that apply.

Companion for person Companion for pet For a child

For a barn Retirement Residence Other _____

Are you willing and **able** to cover the costs associated with pet ownership?
(food, supplies, vaccinations, unexpected medical bills, etc.) Yes No

Do you have a pet carrying case? Yes No If no, are you willing to purchase one? _____

CURRENT AND PREVIOUS PET INFORMATION

Please provide us with information on your current and previous pets. Include pet(s) name, breed/type, whether they are spayed/neutered, microchipped, declawed, indoor/outdoor, vaccinated, etc.:

Where did you get your current/previous pets from? _____

Do the pets listed above currently live with you? Yes No If no, please specify _____

What vet clinic do you use for your pets? _____ Phone #: _____

Have you ever brought one of your pets to an Animal Shelter or given it away because you felt that you couldn't care for it anymore? Yes No If yes, please explain _____

CAT(S) YOU ARE APPLYING TO ADOPT

Is there a specific animal you are interested in? _____

Do you plan to declaw your pet? _____

Will your pet be an indoor or outdoor pet? _____

How many hours a day will the pet be left alone (typically)? _____

What will you do with your animal if you need to move? _____

Are you willing to allow your new animal at least one month to adjust to its new home? _____

Will your pet have access to the entire home? Yes No If no, please explain _____

In your own words, please describe what you think the basic needs for your animal will be and what supplies you need to purchase before he/she arrives? _____

Falsified information and previous history or suspected history of animal abuse will lead to automatic rejection of the application.

THE ADOPTION OF AN ANIMAL IS NOT AN IMPULSIVE DECISION AND NOT TO BE TAKEN LIGHTLY. PLEASE ENSURE YOU ARE CAPABLE OF A LIFELONG LOVING COMMITMENT TO YOUR POTENTIAL PET.

By signing below, I certify that the information herein is true and give All Paws Rescue permission to contact me

APPLICANT SIGNATURE: _____ DATE OF APPLICATION: _____

Your adoption application will be reviewed by an All Paws Rescue representative after which we will be in contact with you.

APPROVED BY: _____ DATE APPROVED: _____



Visit us at www.allpawsrescue.ca