

Cat's Name _____ Date _____

Cat Adoption Application Form

Name: _____ Home phone: (____) _____

Address: _____ Alternate phone: (____) _____

City: _____ Prov. _____ Postal Code: _____

Email address: _____

Who will be the primary care giver for this animal? _____

Number of adults in household _____ Number of children and ages _____

Do you own other pets? Yes / No Are they spayed/neutered? Yes / No

If you own other animals, have they been socialized with cats? Yes / No

Would this cat live indoors, outdoors, or both? _____

Do you have a regular vet? Yes / No Name and phone # _____

Own or rent your home? _____ Landlord's name/ phone number: _____

Could you be at home for a few days following adoption to allow the cat to adjust?
Yes/No

Are you aware of the existing bylaws that pertain to animals in your community?
Yes / No

Would you be willing to let a representative of the SVAPL visit your home by
appointment? Yes / No

If no, why not? _____

FALSIFIED ANSWERS WILL LEAD TO AUTOMATIC REJECTION OF THIS APPLICATION.

Applicant Signature _____ Date: _____

References (Someone other than a relative, and at least 18 years of age)
