



# 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.:

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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](http://www.allpawsrescue.ca)