



# ALL PAWS RESCUE SERVICES ADOPTION APPLICATION

A Registered Non-Profit Organization

**NAME OF CAT(S):** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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

## BASIC INFORMATION:

**Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Email:** \_\_\_\_\_

How did you hear about All Paws Rescue? \_\_\_\_\_

## YOU AND YOUR FAMILY

Your age range:                      under 21              21-30              31-50              51-64              65+

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

Please list all other adults in the home and relationship: \_\_\_\_\_

Does anyone in your family have allergies to animals?              Yes              No              Don't Know

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

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?              House              Condo/Apt              Shared/room rental              Other

Do you:              Own              Rent              Live with Parents              Are pets permitted?              Yes              No

## 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?              Yes              No

What is your estimated monthly budget for the cat(s) (food, supplies, etc.) \_\_\_\_\_

What is your plan to deal with unexpected medical bills? \_\_\_\_\_

## CURRENT AND PREVIOUS PET INFORMATION

Please provide us with information on your **CURRENT** and **PREVIOUS** pets. Include pet(s) name, breed/type, whether they were 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 explain below  
\_\_\_\_\_  
\_\_\_\_\_

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

Have you ever surrendered any of your pets or had to rehome them?      Yes      No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CAT(S) YOU ARE APPLYING TO ADOPT**

Which cat(s) 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 \_\_\_\_\_

Please describe what you think the basic needs are for the cat and what supplies you need to purchase before they arrive?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Falsified information 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.**



**Visit us at [www.allpawsrescue.ca](http://www.allpawsrescue.ca)**