

Cat Care Initiative
50 Bridge St. E
705-868-1828
trenthillscatcare@gmail.com



Adoption Application Form and Contract

Please Print and Fill in All Information

Date _____ Adoption Fee \$ _____

Please indicate the animal's name(s) for which you are applying: _____

Cat ID # _____ (to be filled in by CCI)

Name _____

Address _____

Town/City _____ Postal Code _____

Telephone Home _____ Work _____ Email _____

If you live with your parents do they approve of you getting a cat _____

Please provide the names and ages of all individuals residing in your home (**including yourself**).

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Are you willing to work with behavioural problems such as litter box issues, scratching furniture, playing in house plants, fearful/shy _____

Would you ever have the cat declawed Yes_____ No_____

Do you know that declawing is not a “simple” single surgery but 10 separate, painful amputations of the third phalanx up to the last joint of each toe? Yes_____ No_____

Who are you adopting this cat for: Self_____Friend_____Other_____

Have you ever owned a pet before Yes_____ No_____

Please list your pets (living and deceased) within the past five years

Type of Pet	Name	Age (if deceased indicate year and cause)	Spayed/ Neutered	Are the animals vaccinations up to date.	Vet Name and Phone Number

Please note, we will be calling your veterinarian for reference pertaining to prior animal care.

What veterinarian do you intend to use for this pet

Where do you keep your current pets: Inside___ Outside___ Both – Describe

Where do you intend to keep this pet: Inside___ Outside___ Both - Describe

Have you ever given up a pet for adoption Yes_____ No_____

If yes, please explain why and where is the pet now _____

Please list two (2) character references

Name	Phone Number/Email	Relationship

Adopting an animal is a big responsibility. The animal for which you are applying will be totally dependent on you for all its needs for the reset of its life. This includes medical care (emergency care), food, water and shelter.

How much are you willing to spend annually for your pet’s medical care? _____

Will you be able to provide emergency medical care financially? Yes _____ No _____

Do you have plans for your animals in the event of divorce, death (including your own), new family additions, developed allergies, or change of location (including downsizing)? Yes _____ No _____

Are you willing to make a life-long commitment to this animal Yes_____ No_____

By signing this application you are consenting to allow a Cat Care Initiative representative entrance into your home for a compatibility assessment and for a CCI representative to contact your veterinarian to obtain pet history and medical information.

Please Read and Sign Below

I certify that all information in this application is true. Furthermore, I understand that if anything in this application is found to be false, my application will be voided and any pending adoption refused.

Applicant Signature _____

Date _____

Office Use

Approval Yes _____ No _____

Signature of Board Member _____

Notes:

CCI Cat Adoption Contract

Cat/Kitten(s) Name _____

Applicant's Name _____

In consideration for receiving the herein described animal, I agree upon signing to pay the adoption fee and to comply with the following conditions. Failure to comply with any of the conditions may result in the reclamation of the said animal to the Cat Care Initiative members without the adoption fee refunded.

- I will treat this animal humanely at all times.
- He/she will always have adequate food, water and shelter.
- I will ensure that this animal is not physically, emotionally or mentally abused.
- If not done so already, I agree to have this animal spayed or neutered.
- I understand this animal will NOT be allowed outside until after she/he has been spayed or neutered.
- I agree to have identification on this animal at all times in the form of an ID tag and/or microchip.
- I will not have this animal destroyed unless on the advice of a veterinarian.
- I will not release this animal for medical or veterinary experimentation or permit him/her to be used for fighting, baiting or breeding purposes.
- I understand that CCI accepts no responsibility for the present or future behaviour and actions of this animal.
- I understand all medical costs from this day forward including, but not limited to vaccines, medications, veterinary expenses, food and shelter are my sole responsibility.
- I will not subject this animal to any cosmetic or unnecessary surgery such as declawing.
- I will allow a CCI representative to visit my home and inspect my pet/home, upon request, if they choose to do so. If, in their opinion, the animal is not receiving proper care, I will release the animal immediately and unconditionally back to CCI.
- I agree to take this animal to a veterinarian for regular health exams at least once a year.
- I agree to return this animal to CCI should I decide I no longer want or am unable to care for this animal.
- I will receive a refund of my adoption fee if I return the animal within fourteen days, less an administration fee of \$50.
- The adoption fee of \$_____ is paid herein.

Any false information provided in this contract may result in voiding of the contract and return of the animal to CCI.

Disclaimer: CCI will not knowingly place an animal that is not in good health, or place an animal with any known medical conditions without disclosure of all their information prior to placement. However, no guarantee can be given regarding any unknown or undiscovered health problems at the time of this adoption. To ensure adequate protection against common infections disease, consult your veterinarian.

Signature _____

Date _____

CCI Representative _____

Veterinarian Information Release Form

I give consent to release information regarding my status as a client, pet history, and medical information to Cat Care Initiative for the purposes of evaluating my fit as a prospective pet adopter.

Veterinarian Clinic: _____ **Veterinarian:** _____

Clinic Phone Number: _____

My Name (print): _____

Signature: _____

Phone Number: _____

Date: _____

Updated: October 2017