

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



OFFICE USE ONLY: Approved: Y / N Paid: Y / N Pick-up Date: _____

Adoption Application Form and Contract

Please Print and Fill in All Information

Date _____ Adoption Fee \$ _____

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

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

Name _____

Address _____

Town/City _____ Postal Code _____

Telephone Home _____ Work _____

Email _____

Do you prefer being contacted by: phone email (email is usually a faster response time)

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

If you are under eighteen, your parent is the one legally responsible for the animal, and the adoption contract **must** be signed by an adult living in the home where the cat will reside. We strongly recommend your parent fill this entire form out.

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

Name _____ Age _____

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

Do you plan to have this 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_____ Other_____ (Describe: _____)

If “other”, does the person live with you? Yes _____ No _____

Will the cat(s) be living with you or someone else? _____

Have you ever owned a pet before Yes_____ No_____

Please list **all** your pets (living and deceased) within the past five years. **Include all information requested.** Use a second page if needed for listing more pets.

Type of Pet	Name	Age	Is the pet still living?	If deceased, provide year and cause of death.	Is the pet Spayed/ Neutered?	Up to date on shots?	Vet Clinic Used for the Animal

Have you ever had a pet who required a special diet or lengthy medical care, eg diabetes, chronic renal failure, hyperthyroidism, etc? Yes_____ No_____

Please provide any details regarding previous pets’ medical care you’d like to share. _____

What veterinarian do you intend to use for this pet? _____

Please note: we will be calling your veterinarian for reference pertaining to prior animal care. **You must sign the release form on the last page of this application for us to be able to consider you as an adopter.**

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 (we *will* need to contact them!)

Name	Phone Number or 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 rest of its life. This includes medical care (emergency care), food, water, 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 _____

If unsure of current veterinary pricing, we recommend contacting the vet you intend to use to ask what the average visit, yearly vaccinations, tests (eg x-rays and bloodwork) will cost before adoption.

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

Under CCI’s discretion, we may ask for details prior to finalizing the adoption.

Does anyone in your family have allergies to cats? Yes _____ No _____ Unknown _____

What are your plans for this animal if a family member develops allergies? _____

Under what circumstances would you seek to return this animal if you adopted it? _____

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:

Checklist:

- Veterinary reference checked (please use the questionnaire when talking to the vet office)
- Character references checked
- Follow-up questions (if required)
- Discussion between board members

CCI Cat Adoption Contract

Cat/Kitten(s) Name _____ Cat/Kitten(s) ID # _____

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.
- If I adopt two cats/kittens and decide to return one, I have to return the other if—in CCI's opinion—the animals are bonded.
- 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 pet 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: _____