

Adoption Application Form

Forgotten Ones Cat Rescue and Adoption Inc.
P.O. Box 32203. Richmond Hill, ON L4C 4H0

****INCOMPLETE APPLICATIONS WILL NOT BE APPROVED****

Please fill out the application completely. In order to ensure that a particular animal is the right choice for your household, we must have an understanding of your needs and expectations with regard to acquiring a new pet. All references will be checked, so please provide phone numbers. **You must be 21 yrs of age or older to adopt a cat from our organization.** Photo ID required.

Contact Information

Name of Cat(s) Applying for: _____ Date of application: _____
Name: _____ Home Phone: _____
Street: _____ Cell Phone: _____
City/Postal Code: _____ Work Phone: _____
E-mail address: _____
Do you: Own Rent If renting, name of landlord: _____ and phone: _____

Housing

Type of Dwelling: House Townhouse Apartment/Condo Basement Apt
 Rural/Farm Student Housing Shared Accommodation Other
Are you in the process of moving or planning to move? Yes No
If you live in an apartment is there a balcony? Yes No What Floor? _____
Are all your screens intact and secure? Yes No

Personal Information

Age: under 21 21-30 31 - 40 41 - 50 51 - 60 61 - 70 70 +
Are you: Stay at Home A Student Working Retired Other
Is this your first cat? Yes No If yes why have you chosen a cat for a pet? _____
How long have you been planning on adopting a cat? _____
Please tell us why you would like to adopt a cat / family pet from us. Please check all that apply.
 Companion to myself Companion to another pet Breeding Gift
 For a School For a Special Needs Facility For a Barn Mouser
 For a Child For a retirement facility Other

Home Environment

How many adults live in your home? _____ Children? _____ Ages of children: _____
Have your children had exposure to cats/kittens? Yes No
Which family member would be the primary caregiver? _____
Are all family members in agreement to adopting a cat? Yes No
Please explain if "no" or "unsure"? _____
Does anyone in your family have asthma or allergies triggered by animals? Yes No
Which best describes your household on a daily basis: Active Noisy Quiet Average

Previous Pets

Please list the animals you have shared your home within the last 10 years:

Type/Name (Example: Cat/Tiger)	Breed	Age	Sex	Was the pet De-clawed	Spayed / Neutered	Date of Last Vet Visit	Do you still have this pet? If not why?
				[]Yes []No	[]Yes []No		
				[]Yes []No	[]Yes []No		
				[]Yes []No	[]Yes []No		
				[]Yes []No	[]Yes []No		

Have you ever had to surrender an animal to a Shelter, pound or SPCA? []Yes []No

If yes, please explain: _____

Preferences

What type of cat are you looking for? Please choose all desirable traits that meet the needs of your family:

- []Quiet []Chatty []Laidback []Independent []Outgoing []Playful []Athletic
 []Friendly []Lap-Cat []Loves Pets []Likes to be held []Seeks Attention []Follows you around
 []Short Hair []Long Hair []De-clawed []Good with children []Good with cats []Good with Dogs
 []Other _____

All cats shed to some extent, how much shedding of coat is acceptable to you? []Light []Moderate []Don't Care

Are you considering de-clawing this cat? []Yes []No []Undecided

If you answered "yes" or "undecided" please explain reasons for de-clawing: _____

Adjustment Period

*Different cats have different behaviours and so have different adjustment periods***. Some cats may adjust right away. Others may take at least two weeks. This can especially be true if other pets are involved.*

Would you mind a cat that needs a longer time to adjust? []Yes []No []Unsure

Do you have a "safe room" away from other pets, small children etc to allow this cat to become comfortable for the period of adjustment? []Yes []No []Not Applicable

*****NOTE: Adjustment behaviour may include – vocalization (especially at night) door dashing, scratching furniture, not eating/over eating, hiding, personality conflicts with existing pets, etc****.**

Care of Your New Cat

What foods are you currently feeding your cat or will be feeding this cat? _____

How long on average will your cat be left alone each day? _____

Have you decided on where you will be putting the litter box and food bowls? _____

Will your cat be allowed outside? []Yes []No []Maybe

- If yes? []on leash & harness []outdoor cat enclosure []on a balcony
 []allowed to wander at large []in the backyard under supervision

Where will this cat be kept during the day? _____ At night? _____

Long Term Care

What arrangements have been made for the care of this cat in the event of vacation, family illness, loss of job etc?

Please elaborate: _____

If you plan to move, what will happen to this cat? _____

What is the life span of this animal? _____

Do you foresee any reasons that might make you want to give this cat up in the future? _____

Veterinarian Care and Information

How often will you take your pet to the veterinarian? _____ Are you aware of vet costs? []Yes []No

What would be a reasonable amount to spend per year on this cat excluding emergencies? _____

Name and contact of your veterinarian or, if you do not yet have a veterinarian, please provide a personal reference:

	Clinic Name	Veterinarian Name	Phone
Current			
Previous			
	Personal Reference: Name	Relation to you	Phone
If no Vet			

Other Information

How did you hear about us?

[]Website []Petsmart Elgin Mills []Family Friend

[]Petfinder []Tru Pet []Other _____

May we contact you regarding volunteer opportunities? []Yes []No

May we contact you in order to help with fundraising? []Yes []No

Comments/Questions:

****By completing this application, you are confirming that the information that you have provided is accurate and truthful and that any references given to us authorizes us to contact them for information about the care of your pet. Please note that we have the right to deny an adoption if we feel the situation is not suitable.*

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Application accepted? []Yes []No Fee: _____ References checked by: _____

From what location: _____

Email completed form to contact@forgottenones.ca