



Forgotten Ones Cat Rescue and Adoption Inc.

P.O. Box 32203, Richmond Hill, ON L4C 4H0

Adoption Application Form

Please fill out the application completely. To ensure that a specific cat/kitten is the right choice for your household, we must understand your needs and expectations. All references will be checked, so please provide phone numbers. **Adopters must be over the age of 21.** Photo ID required. Please note that we communicate by email only, as we do not have a dedicated phone line.

INCOMPLETE APPLICATIONS WILL NOT BE APPROVED.

Contact Information

Name of Cat(s) Applying for: _____ Date of Application: _____
Full name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
City & Postal Code: _____ Work Phone: _____
E-mail Address: _____
Do you: ☐ Own ☐ Rent If renting, name of landlord: _____ and phone: _____

Housing Information

Type of Dwelling: ☐ House ☐ Townhouse ☐ Apartment/Condo ☐ Basement Apartment
☐ 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/condo, 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 ☐ 71-80 ☐ 80+: _____
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 ☐ For a barn ☐ For a child ☐ Gift
☐ Companion to another pet ☐ Mouser ☐ Breeding Other: _____

Home Environment

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

Current and Previous Pets

Please list current and previous pets that you have owned or were part of your family.

Type/Name (e.g., Cat/Patches)	Breed	Age	Sex	Declawed?	Spayed/ Neutered?	Date of Last Vet Visit	Do you still have this pet? If not, why?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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:

- | | | | | |
|---|--|---|---|-------------------------------------|
| <input type="checkbox"/> Quiet | <input type="checkbox"/> Chatty | <input type="checkbox"/> Laidback | <input type="checkbox"/> Independent | <input type="checkbox"/> Outgoing |
| <input type="checkbox"/> Playful | <input type="checkbox"/> Athletic | <input type="checkbox"/> Friendly | <input type="checkbox"/> Lap-cat | <input type="checkbox"/> Likes pats |
| <input type="checkbox"/> Likes to be held | <input type="checkbox"/> Seeks attention | <input type="checkbox"/> Short haired | <input type="checkbox"/> Long haired | <input type="checkbox"/> Declawed |
| <input type="checkbox"/> Good with children | <input type="checkbox"/> Good with cats | <input type="checkbox"/> Good with dogs | <input type="checkbox"/> Follows you around | |

Other: _____

All cats shed to some extent; how much shedding of coat is acceptable to you?

- ☐ Light ☐ Moderate ☐ Don't Care ☐ Shedding varies from cat to cat. We are not able to make guarantees.

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

Elaborate on your decision regarding declawing:

Is there any behaviour you would find unacceptable? ☐ Yes ☐ No

If yes, please specify:

Adjustment Period

Cats behaviours differ when they are adjusting to a new home. Some cats may adjust immediately; others may take up to two weeks, particularly if there are other pets in the home.

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

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 ☐ Unsure

Are there any areas in your home that would be off limits to the cat? Please elaborate below:

Care for Your New Cat

What type and brand of foods are you currently feeding your cat or will be feeding this cat? Please list: _____

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

Where will you be putting the litter box(es) and food/water bowls? _____

Will your cat be allowed outside? ☐ Yes ☐ No ☐ Maybe, under what circumstances? _____

If yes? ☐ On leash & harness ☐ Outdoor cat enclosure ☐ On a balcony ☐ Allowed to wander at large

☐ In backyard under supervision ☐ Other: _____

Long Term Care

Cats can live to 18+ years and become part of your family. They are living creatures that require a serious lifelong commitment.

What arrangements will be made for the care of this cat for vacations: _____

Do you have a pet succession plan to ensure your cat companion will be cared for in the event of financial hardships or debilitating or terminal illness? ☐ Yes ☐ No

If yes, name and relationship of successor: _____

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 vet care excluding emergencies? _____

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

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

More Information

How did you hear about us? ☐ Website ☐ Family/Friend, name: _____

☐ PetFinder/Adopt-a-pet ☐ Tru Pet ☐ Other: _____

Comments/Questions?

By completing this application, you are confirming that the information you have provided is accurate and truthful. Any references supplied authorizes Forgotten Ones to contact them for information regarding the care of your pet. Please note that we have the right to deny an adoption request if we feel the situation is not suitable.

E-mail completed form to: contact@forgottenones.ca