



Date of Application:

Name of cat/kitten:

Application to Adopt a Cat / Kitten

Your Name:			
Physical Address:			
Mailing Address:			
City/Town:		Province:	Postal Code:
Email Address:			
Phone Number :	H.	W.	C.
Living Arrangement: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Cohabitate <input type="checkbox"/> Roommate(s)			
Occupation:			
What age group are you in? <input type="checkbox"/> 19 to 30 <input type="checkbox"/> 31 to 50 <input type="checkbox"/> 51 over			
Type of residence: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Other			
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Share Accommodation			
If renting/living in shared accommodation, are pets accepted by landlord and/or roommates? Yes / No			
Do you have children? Yes / No If yes, what are their ages:			
Do any family members have allergies? Yes / No If yes, explain:			
Do you have a cat(s) _____, dog(s) _____ now? Have you had a cat or dog before? Which?			
If yes, did you have the cat(s) and/or dog(s) spayed or neutered and vaccinated?			

Who is your veterinarian?		
Do you plan to de-claw this kitten/cat? Yes / No		
Do you plan to keep your new cat strictly indoors or will he/she have outdoor privileges?		
If your previous cat(s) has passed away, please describe the circumstances:		
If your previous cat(s) had to be re-homed, please describe the circumstances:		
How many hours are you away from home during the day?		
What are your reasons for adopting?:		
What are you looking for in a kitten/cat?		
Any particular colour?	M/F?	Long/Short Fur?
Would you consider two cats? Yes / No <i>We often have very attached pairs to place.</i>		
How often do you travel?		
Who will care for your kitten/cat while you are away?		
Will you provide a scratch post for your cat?		
Two References: (Include phone numbers and relationship)		
1.		
2.		
Can you help with volunteering? Yes / No <input type="checkbox"/> Fundraising <input type="checkbox"/> Fostering <input type="checkbox"/> Special Projects		
BY SIGNING BELOW I DECLARE ALL ABOVE INFORMATION TO BE TRUE TO THE BEST OF MY KNOWLEDGE.		
SIGNED: _____		DATE: _____

Please complete this form, sign and date it and return it to
alleycatsalliance@gmail.com. Contact us at 250-462-8195

