



Date of Application: _____
Name of cat/kitten: _____ _____

**Application to Adopt a Cat / Kitten**

Please complete this form, sign and date it and return by email.

Your Name:			
Physical Address:			
Mailing Address:			
City/Town:	Province:	Postal Code:	
Email Address:			
Phone Number:	H.	C-1	C-2
Living Arrangement: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Cohabitate <input type="checkbox"/> Roommate(s)			
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No      Your age?			
Are you a Student? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, how many years is your program in the Okanagan?			
Are you a permanent resident of the Okanagan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, what City, Province or Country are you visiting from?			
What will you do with your cat/kitten when you return home for an extended visit?			
Type of residence: <input type="checkbox"/> House <input type="checkbox"/> Apartment/Condo <input type="checkbox"/> Basement Suite <input type="checkbox"/> Other			
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Share Accommodation			
Are Pets accepted by your Landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No      Name & Phone of Landlord			
Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, what are their ages:			
Do any family members have pet allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, explain			
Do you have a cat(s) _____, dog(s) _____ now?			
Have you had a cat or dog before? <input type="checkbox"/> Yes <input type="checkbox"/> No      Which?			
If yes, did you have the cat(s) and/or dog(s) spayed or neutered and vaccinated? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Who is your veterinarian?			

Do you plan to de-claw this kitten/cat? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How much do you think it will cost per year to look after your cat/kitten?		
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 color?	M/F?	Long/Short Fur?
Would you consider two cats? <input type="checkbox"/> Yes <input type="checkbox"/> 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 by volunteering? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fundraising <input type="checkbox"/> Fostering <input type="checkbox"/> Special Projects		
<b>BY SIGNING BELOW, I DECLARE ALL ABOVE INFORMATION TO BE TRUE TO THE BEST OF MY KNOWLEDGE.</b>		
Signed: _____ Date: _____		

Please complete this form, sign and date it.

We endeavor to respond to all enquiries as quickly as possible. If you are not contacted by an AlleyCATs Alliance representative within 72 hours of submitting this form, please phone 250-462-8195. Thanks!