

Person ID#: _____



Prince Albert Society for the Prevention of Cruelty to Animals
1125 North Industrial Drive
Box 1832, Prince Albert, SK S6V 6J9
Phone: 306-763-6110 Fax: 306-763-2819
E-mail: adoptions@princealbertspca.ca

Feline Adoption Application

We can't tell you how much we appreciate you giving one of our beloved pets a second chance. Many of our animals are at the shelter because their former owners did not think through the responsibilities of owning a pet enough to ensure they'd stay there forever. If there is one thing we know, it is that the animals in our care deserve a better hand than they were dealt in the past. For this reason, we are committed to ensuring that our pets find homes that last forever this time. We ask for your patience and so-operation in the process of bringing you and your new best friend a lifetime of happiness together.

In order to be considered as an adopter, you must:

- **Be 18 years or older**
- Have photo identification showing your present address
- Have the knowledge and consent of your landlord
- Be willing to provide proof of ownership of your home if required
- Be able and willing to spend time and money to provide training, medical treatment and proper care for your future pet
- Adhere to your local by-laws pertaining to the care and control of cats

Animal's Name you are interested in: _____

Animal's ID#: _____



Personal Identification:

Photo Identification Verification: _____ (staff initial)

Legal Name: _____

Address: _____ Apt. #: _____ City: _____

Postal Code: _____ Home Phone #: _____ Cellphone # _____

E-mail (required): _____

Your Home Life

(Please circle and answer the following)

1. Have you adopted from us before? **Yes - No**
2. Have all members of the household met this animal? **Yes - No**
3. Are there children in the house? **Yes - No**
Ages: _____
4. Any allergies in the family? **Yes – No**
5. How busy is your family's schedule?
Very busy – Busy – Not Busy
6. How would you describe yourself?
Nervous – Loud – Calm – Quiet
7. What type of home do you live in?
Acreage – House – Apartment
8. Do you: **Own – Rent**
9. Do you have your landlord's permission to have pets? **Yes – No**

If Yes, Please provide us with contact information for your landlord:

10. On average, how many hours will your cat be alone during:
Weekdays: _____ Weekends: _____
11. Approximately how much do you think your cat will cost you annually?
 - Vet/Medical \$ _____
 - Food \$ _____
 - Boarding \$ _____
 - Grooming \$ _____

Caring for Your New Cat

(Please circle and answer the following)

1. Have you owned a cat before? **Yes – No**
2. Do you have other pets at home? **Yes – No**
Name: _____ Species: **Cat – Dog**
Breed: _____ Sex: **Male – Female**
Spayed/neutered: **Yes – No**
Name: _____ Species: **Cat – Dog**
Breed: _____ Sex: **Male – Female**
Spayed/neutered: **Yes – No**
Other: _____
3. Have your other pets been annually vaccinated? **Yes – No**
4. Have you ever surrendered or re-homed an animal? **Yes – No**
If yes, please explain why: _____

5. How many hours will you be able to provide your new cat?
Weekdays: _____ Weekends: _____
6. Will your cat be allowed outdoors? **Yes – No**
7. Please provide us with the name and phone number of your current vet:

8. Have you ever been convicted of neglect or cruelty to animals? **Yes – No**
9. What methods would you take to eliminate undesirable behaviours in your cat?

What is the most important aspect of your future cat? _____

Please Check off the Answers that Apply to you

My cat needs to be good with:	<input type="checkbox"/> Children <input type="checkbox"/> Other Dogs <input type="checkbox"/> Farm Animals <input type="checkbox"/> Elderly citizens <input type="checkbox"/> Cats
I want my cat to interact with guests that come to my home	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No
If my cat is allowed outside it will be:	<input type="checkbox"/> Loose <input type="checkbox"/> In an outdoor cat run <input type="checkbox"/> Tethered
I want my cat to enjoy being held	<input type="checkbox"/> A little bit of the time <input type="checkbox"/> All of the time <input type="checkbox"/> Some of the time
How active do you want your cat to be	<input type="checkbox"/> I prefer a more laid back, not very energetic cat <input type="checkbox"/> Cuddle and play every so often <input type="checkbox"/> Be ready to play with me every chance I can
Which training issues would you be willing to work on?	<input type="checkbox"/> Scratching furniture <input type="checkbox"/> Waking you up at night <input type="checkbox"/> Biting <input type="checkbox"/> Jumping on counters <input type="checkbox"/> Rough Play <input type="checkbox"/> Being vocal <input type="checkbox"/> Litter training <input type="checkbox"/> Shedding <input type="checkbox"/> I am not willing to work on any problems
Do you plan on getting your cat declawed?	<input type="checkbox"/> Yes If yes, do you understand the possible side effects it may have? Yes – No <input type="checkbox"/> No
Under what circumstance would you re-home your cat?	<input type="checkbox"/> Moving <input type="checkbox"/> New baby <input type="checkbox"/> Aggression <input type="checkbox"/> Too costly <input type="checkbox"/> Animal- Medical reasons <input type="checkbox"/> Personal- Medical reasons <input type="checkbox"/> Behavioural problem <input type="checkbox"/> Not enough time

10. Are you willing to have a PA SPCA representative do a home visit by appointment? **Yes – No**

Completing this application you are agreeing that upon adopting a cat from our shelter, you agree to the responsibilities associated to ownership of a cat. This includes, but is not limited to:

- Providing proper nutrition, exercise shelter and training for the cat
- Providing any future vet care or medical needs for the dog in its lifetime
- Purchasing an annual license of my city, municipality or district if required
- Keeping the cat's microchip information current

I agree that once I adopt an animal, I become the legal owner and caretaker of that animal. The Prince Albert SPCA is not permitted to provide any medical treatment to any owned animal once adopted.

I understand that my information provided will be used internally by the PASPCA and will **not** be released to any third party.

Falsified Information will lead to an automatic rejection of the application. The PA SPCA reserves the right to deny any application. I understand that it is my responsibility to see and evaluate the cat for myself before agreeing to the adoption. The adoption of a lifelong animal friend should not be impulsive, but rather a carefully throughout decision. This will ensure a long loving, lasting relationship between owner and loving pet.

Application Signature: _____ Date: _____

It's time to **make a commitment!**

