

Crowsnest Pass S.P.C.A

P.O. Box 725, Blairmore, AB T0K 0E0
Office: 403) 564 – 4999 office@cnpca.ca

CAT ADOPTION APPLICATION

(Please Print Clearly & Answer all Questions)

The Crowsnest Pass SPCA has the right to refuse adoption to anyone.

Applicant's name _____ Driver's License #: _____
Street Address _____ Apt# _____
Mailing Address _____
City _____ Province _____ Postal Code _____
Home Phone _____ Work Phone _____
Email _____

DESCRIPTION OF RESIDENCE:

Do you Rent? _____ Own? _____

___ House Property owner's name: _____ Phone _____
___ Apartment How long have you lived here? _____
___ Mobile-Home
___ Duplex #Adults in house _____ #Children _____ Children's Ages _____

WHAT PETS DO YOU CURRENTLY HAVE IN YOUR HOUSEHOLD?

KIND SPAY/NEUTER KEPT WHERE? TIME OWNED AGE

Dog ___ Cat ___ | Yes ___ No ___ | In ___ Out ___ | _____ | _____ |
Dog ___ Cat ___ | Yes ___ No ___ | In ___ Out ___ | _____ | _____ |
Dog ___ Cat ___ | Yes ___ No ___ | In ___ Out ___ | _____ | _____ |
Other _____ | Yes ___ No ___ | In ___ Out ___ | _____ | _____ |

LIST PREVIOUS PETS

KIND SPAY/NEUTER KEPT WHERE? TIME OWNED AGE

Dog ___ Cat ___ | Yes ___ No ___ | In ___ Out ___ | _____ | _____ |
Dog ___ Cat ___ | Yes ___ No ___ | In ___ Out ___ | _____ | _____ |

WHAT HAPPENED TO THE PET(S) _____

- Are you at least 18 years old? _____ Yes _____ No
- What is the name of your veterinarian & Name of Clinic? _____
- Veterinarian's address _____ Phone # _____
- How long have you used this Vet? _____
- Who will be responsible for the daily care/feeding of this cat? _____
- Do you understand that the cat litter box must be cleaned **daily** for your own hygiene and the cats' hygiene and who will perform this function? _____
- Who will financially support this cat? _____

- Do you understand that regular and emergency vet care can be very expensive and can this person manage this financial responsibility? _____
- Reason for wanting this cat? _____
- Where will you keep this cat? _____
- Where will you keep this cat when you TRAVEL? _____
- Do all members of this household WANT this cat? _____
- Do any of the members of this household have allergies to animals? _____
- If you have young children, they need to be educated on how to interact with the cat in order to prevent bites, scratches and to prevent injury to either the children or the cat, are you able/willing to do that? ___Yes ___No
- How long will you give this cat to adjust to its new home? _____
- How many hours will your cat spend alone? _____
- Would you object to a follow-up home visit Yes__ No__ Best day/time: _____
- Do you understand that this cat is strictly an indoor cat, and cannot be left outside unattended? ___Yes ___No
- Do you realize that you will probably have to train your new kitten/cat to a certain extent? ___Yes ___No
- Would you like information on how to train a new kitten or cat? ___Yes ___No
- What form of exercise will you provide for your cat?

- Do you realize that cats often live longer than 20 years and are you willing to assume responsibility for that long? ___Yes ___No
- Have you applied to adopt from this shelter before today? ___Yes ___No
Date: _____ Pet Adopted? ___Yes ___No
If yes, where is this animal now? _____

Please provide 2 References: name/phone number/ relationship (do not include relatives):

I certify the above is true and that false information may result in nullifying this adoption. The Crowsnest Pass SPCA has the right to refuse adoption to anyone. I understand that no animal can be held for me. I understand that if approved for adoption all animal control by-laws must be followed and any licensing requirements must be met. Failure to follow the Animal control by-law as put forward by the Municipality of Crowsnest Pass, and provisions under the Animal Protection Act of the Province of Alberta; shall nullify this agreement.

Applicant **Printed Name** _____ Date _____

Signature _____

Received by CNP SPCA Representative _____ Date _____

Witness _____ Witness Printed Name _____