

Board Approval Date \_\_\_\_\_

DD/MMM/YY

Shelter Leaving Date \_\_\_\_\_

DD/MMM/YY



CRESTON PET ADOPTION AND WELFARE SOCIETY  
2805 Lower Wynndel Road, Creston, B. C. V0B 1G8

Phone: 250-428-7297

Email: [pets@pawscreston.ca](mailto:pets@pawscreston.ca)

Website: [paws-crestonbc.org](http://paws-crestonbc.org)

## ADOPTION APPLICATION FORM - CAT

### APPLICANT INFORMATION

Name(s) \_\_\_\_\_

Over 19 years of age  yes  no

Can you Verified by picture ID if asked  yes  no

### Contact Information

Email Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Postal Code; \_\_\_\_\_ City: \_\_\_\_\_

Residential Address (if different mailing address)  
\_\_\_\_\_

### Payment of Fees:

Adoption Fees must be paid on collection of the pet by Cheque, or Cash.

Adoption Fees as follows:

Cats and Kittens are \$120.00

These prices include vet check, vaccinations and a \$45.00 Voucher at the Creston Veterinary if they are not already spayed/neutered. (prices subject to change without notice)

*Thank you so much for your application. Also thank you for providing the following details to insure PAWS can find the best math for both the animal and your family. We try to make every adoption a success!*

## REFERENCES

PAWS require references from two people who are **not** family members, who do **not** live with you, and who can verify that you care for pets responsibly. It is helpful to let your references know that they will be contacted by PAWS to provide a reference for you. Your signature(s) on this form gives PAWS permission to contact these references. **VETERINARIANS DO NOT MAKE GOOD REFERENCES AS THEY ARE HARD TO REACH.**

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Address \_\_\_\_\_

Where did you hear about this pet?  PAWS Web site  PAWS Facebook Page

Advance News Paper  Adopt-A-Pet Website  Other \_\_\_\_\_

**HAVE YOU ADOPTED OR FOSTERED PETS FROM PAWS IN THE PAST?**  yes  no

If yes, complete the following chart:

Species	Names of pet(s)	Dates
_____	_____	_____
_____	_____	_____

## YOUR VETERINARIAN'S INFORMATION

Do you currently have a veterinarian for your pet(s)?  yes  no If yes,

Name: \_\_\_\_\_ Location: \_\_\_\_\_

## **Adoption Family Profile: Is this CAT right for *YOUR* family?**

Paws will consider the specific needs of the specific cat you wish to adopt before the adoption is finalized. For Example, the cat may have medical, mobility, or behavioral issues that will affect the kind of environment the he or she needs to flourish in for the rest of its days.

Name of applicant \_\_\_\_\_ Name of Cat \_\_\_\_\_  
(If known)

### Description of your household

Does anyone in your family have allergies to cats?  yes  no

If so, how would you cope if he or she is allergic to the cat you choose to adopt? \_\_\_\_\_

Number of members in your household? \_\_\_\_\_

Do you have any children at home?  yes  no Ages: \_\_\_\_\_

What age of cat are you looking for?  kitten  under a year  up to 6 years  
 senior  any

Who will be primary caregiver for the cat? \_\_\_\_\_

Are all your family members in agreement to adopt the cat?  yes  no

Describe your home  house  town house or duplex  apartment  mobile  other

Do you  own or  rent your home?

If you rent, does your landlord agree to this particular pet?  yes  no

Activity level in your home:  noisy  quiet  busy  hectic  very hectic  moderate

Will the cat live  outdoors  indoors  indoors/outdoors?

Do you think of your cat as part of the family? \_\_\_\_\_

Do you currently have pets? If yes, please complete the chart below (use separate paper if necessary)

Species/Breed	Age	Vaccination Dates	Spayed/Neutered	Gets along with other Pets
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do any of your current pets have chronic medical or behavioural issues?  yes  no

If yes, please specify. \_\_\_\_\_

May we contact your vet to ask further questions about the illness or medical condition?  yes  no

If your current pet(s) do not get along with other pets, please describe the situation. \_\_\_\_\_

What qualities are you looking for in a cat? \_\_\_\_\_

What are your plans for the cat when you are gone for the day? What kind of shelter do you have for your cat in bad weather (if an outdoor cat)? \_\_\_\_\_

What sleeping arrangements will you provide for your cat? \_\_\_\_\_

What would you do if this cat didn't get along with your current pets? \_\_\_\_\_

Are you thinking of moving in the near future? If so, have you thought ahead to whether the cat can go with you? What arrangements would you make if you had to move?

A cat can live to be over 20 years old. Are you prepared to make a lifetime commitment to this pet?

What are you most concerned about in adopting a cat? \_\_\_\_\_

What behaviour do you think you can't tolerate or would be difficult for you to manage? \_\_\_\_\_

**SIGNATURES**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Board Signature \_\_\_\_\_ Date \_\_\_\_\_

Board Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date received at PAWS: \_\_\_\_\_ PAWS Agent: \_\_\_\_\_

**DENIAL OF APPLICATION**

This application was denied by the PAWS board of directors for the following reason(s): \_\_\_\_\_

Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Director Signature \_\_\_\_\_ Date \_\_\_\_\_