

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 Website: 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 _____