



CRESTON PET ADOPTION AND WELFARE SOCIETY

2805 Lower Wynnndel Rd. Creston BC V0B 1G8

Phone: 250-428-7297

Email: pets@pawscreston.ca Web: pawscreston.ca

FOR OFFICE USE:

Date received at PAWS: _____ PAWS Representative: _____

Board Approval: _____
DD/MM/YY

Left Shelter: _____
DD/MM/YY

ADOPTION APPLICATION/FAMILY PROFILE - CAT

Name of Cat: _____

APPLICANT INFORMATION

Name(s) _____

Are you 18 years or older? Yes No Can you verify by picture ID if asked? Yes No

Contact Information

Best number to reach you: _____

Email Address: _____

Town/City: _____

Fees

- Adoption fees must be paid by cheque, debit, or cash when you pick up your pet.
- Adoption fee is **\$120**:
 - These prices include vet check, vaccinations, and a \$45 voucher at the Creston Veterinary Hospital if the cat isn't already spayed/neutered.

Thank you for your application. The Family Profile on pages 3 and 4 helps ensure the cat and your family are a great match. We try to make every adoption a success!

REFERENCES

PAWS requires 2 references from people who are **not** family members, who do **not** live with you, and who can verify that you care for pets responsibly. It helps to let your references know that PAWS will be contacting them. Your signature(s) on this form gives PAWS permission to contact these references. **Vets don't make good references as they're hard for us to reach and may delay your application.**

Reference #1: _____ Relationship: _____

Home Phone: _____ Cell phone: _____

Town/City: _____

Reference #2: _____ Relationship: _____

Home Phone: _____ Cell phone: _____

Town/City: _____

Where did you hear about this pet? PAWS website PAWS Facebook Page Advance Newspaper
 Adopt-A-Pet website Other _____

Have you adopted a pet from PAWS before? Yes No

If yes:

Species	Name of pet	Date Adopted
_____	_____	_____
_____	_____	_____

VETERINARIAN INFORMATION

Do you have a regular veterinarian? Yes No

Name: _____ Location: _____

If you have pets, please complete below (use separate paper if necessary):

Species/Breed	Age	Vaccinations up to date	Spayed/Neutered	Gets along with other pets
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

May we contact your vet if we have questions about the illness or medical condition? Yes No

ADOPTION FAMILY PROFILE

The cat's needs must always come first. For example, the cat may have medical, mobility, or behavioural issues that will affect the kind of environment it needs.

How many people are in your household? _____

Are there children at home? Yes Ages: _____ No

Is anyone in the family allergic to cats? Yes No

If so, how would you cope if they are allergic to the cat? _____

Activity level in your home: Quiet Noisy Average Busy

Do all family members agree with the adoption? Yes No

What age of cat are you looking for? Any age Kitten Under 1 year Up to 6 years Senior

What qualities are you looking for in a cat? _____

Will you think of your cat as part of the family? Yes No

A cat can live over 20 years. Are you prepared for the lifetime commitment to this pet? Yes No

What are you most concerned about in adopting a cat? _____

What behaviour do you think you couldn't tolerate or would be hard for you to manage? _____

Who will be main caregiver for the cat? _____

Will the cat live: Indoors Outdoors Indoors/Outdoors?

What kind of shelter do you have for your cat in bad weather (if an outdoor cat)? _____

Where will the cat sleep? _____

What are your plans for the cat if you're gone for the day? _____

Do any of your current pets have chronic medical or behavioural issues? Yes No

If yes, please explain: _____

If your pet(s) doesn't get along with other pets, please describe the situation: _____

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

Do you live in a: House Town house/duplex Apartment Mobile home Other: _____

If you rent, does your landlord agree to you adopting a cat? Yes No

When you do move, have you thought ahead to whether the cat can go with you? N/A

OR What arrangements would you make if you had to move? _____

SIGNATURES

Applicant: _____ Date: _____
(If filling out by hand)

Applicant: _____ Date: _____
(If filling out by hand)

Board Representative: _____ Date: _____

Board Representative: _____ Date: _____

APPLICATION DENIED

This application was denied by the PAWS Board of Directors for the following reason(s): _____

Director Signature: _____ Date: _____

Director Signature: _____ Date: _____