



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

ADOPTION APPLICATION: CAT

*Name of Cat: _____ and or _____

Please read to help prevent a delay in your application.

1. You MUST enter at least 1 NAME, even if you haven't decided on a specific cat. You can always change your mind.
2. Enter a second choice, if you have one. If your first choice isn't available, you'll be considered for your second choice.
3. If you weren't successful in getting your preferred cat (e.g., no longer available), your application will stay active for **6 months** from the approval date should you be interested in another cat.

What age of cat are you looking for? Any age Kitten (2–6 months) Junior (6 months–2 years)
 Adult (2–7 years) Senior (8+ years)

What qualities are you looking for in a cat? _____

Name: _____

Are you 19 years or older? Yes No Can you verify by picture ID if asked? Yes No

Best number to reach you: _____

Email: _____

Street Address: _____ Town: _____ Postal Code: _____

Mailing Address (if applicable): _____

Fees

- **Kittens** (up to 6 months) **\$125**
 - Includes vet health check, first vaccination, and a \$45 voucher valid at most vet clinics when the kitten is old enough to spay/neuter.
- **Cats** (over 6 months): **\$120**
 - Includes vet health check, vaccination, and a voucher for the spay/neuter if not done by the time of adoption.

Adoption fees can be paid by e-transfer, debit, cheque, or cash.

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 can be hard to reach and may delay your application.**

Reference #1: _____ Relationship: _____

Best number to reach them: _____

Town/City: _____

Reference #2: _____ Relationship: _____

Best number to reach them: _____

Town/City: _____

CURRENT PET / VETERINARIAN INFORMATION

Do you have a veterinarian? Yes No

Name: _____ Location: _____

May we contact your vet if we have questions? Yes No

Have you adopted a pet from PAWS before? No Yes

If yes:

Species	PAWS Name	Date Adopted	Vaccinations up to date	Spayed/Neutered
_____	_____	_____	<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

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

Species/Breed	Age	Vaccinations up to date	Spayed/Neutered
_____	_____	<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

Do any of your pets have medical or behavioural issues? No Yes: _____

If any of your pets have problems getting along with other pets, please tell us how you'd handle it. N/A

Or: _____

What would you do if this cat didn't get along with your pet(s)? N/A OR _____

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

What concerns you most about adopting this cat? _____

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

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

Who will be the main caregiver for the cat? _____

What arrangements would you make if you were moving and couldn't take the cat with you?

How many people are in your household? _____ Are there children at home? No Yes: Ages: _____

Activity level in your home: Quiet Average Noisy Busy

Do all family members agree with the adoption? Yes No

Is anyone in the family allergic to cats? Don't know No Yes: How will you handle it?

Will the cat live: Indoors Outdoors Indoors/Outdoors?

If an outdoor cat, what kind of shelter do you have in place? _____

Will your cat have access to food, water, and shelter if you're gone for the day? Yes No

Do you live in a: House/Duplex Townhouse/Condo Apartment Mobile home Other: _____

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

Landlord name & number (we may contact to confirm): _____

X

Typing my name confirms I am electronically signing this document.

X

Date

OFFICE:

X

PAWS Rep Initials

Date