



SOCIETY FOR ANIMALS IN DISTRESS
CAT ADOPTION
Application

Please note the following:

- 1. The adopted cat may not be sold, leased, given away or otherwise disposed of to any other institution, commercial establishment, scientific or medical facility or any other research facility of any kind:**
- 2. The adopted cat will not be allowed to roam at large.**

Name:

Mailing Address:

Phone number: _____ Alternative phone number:

E-Mail address:

The Society for Animals in Distress is a non-profit charitable organization which depends exclusively on private donations and fundraising campaigns. Our mission is to rescue abandoned, abused and neglected cats and dogs throughout Northern Ontario and ensure that every pet receives A New Leash On Life.

Our goal is to secure a lifetime commitment from you to ensure our animals go to the best possible home with the promise of a safe and loving future with you. The following questions will allow us to determine whether or not you will be a good parent for one of our animals. Please take the time to fill out this application.

Name of animal you are interested in:

Are you prepared to commit to this cat for its entire lifetime? Please circle: Y N

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Have you had cats before in your adult life? (Please circle) Y N
If yes what has become of them?

Are all members in your household in agreement about adopting a cat? Y N

Is there anyone in your household allergic to cats? Y N

Do you have children? Y N
How many? Ages:

Do you currently have any cats or dogs? Y N
If you answered "Yes", how many? _____Cat(s) _____Dog(s)

Do your present cats and/or dogs get along with other cats and/or dogs? Y N

Are all current pets in the home up-to-date with their vaccinations? Y N

Are all current pets spayed and/or neutered? Y N

Current veterinarian and phone number:

What arrangements will you make if you were to go on holiday, or if you should happen to be away for a weekend or emergency?

Do you believe that cats should be de-clawed? Y N
If no why not?

If Yes, why?

If you live in a rental property is your landlord aware that you are adopting a cat? Y N

Please list someone who knows you as a pet owner or who can vouch for your overall responsibility and give their e-mail address or telephone number where we may contact them:

Name: Phone #: E-mail:

If this cat has already been adopted would you like us to keep your application on file and notify you when a similar pet becomes available? Y N

Would an unscheduled visit before or after the adoption from a representative of S.A.D. be acceptable to you? Y N

RETURN POLICY

Animals can be returned to the shelter within seven days of the adoption and will receive a full refund of the initial adoption fee. Animals returned to the shelter within one month of adoption will not receive a refund but will not be subject to a surrender fee. Any animals returned to the shelter after one month from adoption will be subject to a surrender fee.

ASSUMPTION OF LIABILITY

I have read this Agreement. I understand and accept all the rights and obligations involved. I understand that by adopting this cat, I assume all responsibilities for the actions for said cat, including all actions that cause, directly or indirectly, injury, damage, harm or fatality to person or animal or harm, disrepair, damage or injury to any property, either my own or that of another individual.

I agree to absolve and hold blameless The Society for Animals in Distress (North Shore) - (S.A.D.) for any liability, financial or otherwise, related to the acts of said cat related, but not limited to aggression, inadequate training, control or supervision of the cat at any time, under any circumstances.

Sections of this Agreement may be deleted or amended by S.A.D. but only by a S.A.D. authorized representative and must be signed by the representative to be valid.

I HAVE READ AND AGREE TO ABIDE BY THE ABOVE CONDITIONS OF ADOPTION, OF WHICH I HAVE RECEIVED A COPY, AS WITNESS MY SIGNATURE HERETO.

Applicant's signature _____

Witnessed: _____

Date: _____
(Print Name:)

ALL RESPONSES WILL BE KEPT STRICTLY CONFIDENTIAL

Fee Paid: _____

Log #: _____

Remarks: _____