

# Society for Animals in Distress

## CAT ADOPTION FORM

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

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### FOR OFFICE USE ONLY

Date: \_\_\_\_\_ Cat's Name: \_\_\_\_\_

Staff: \_\_\_\_\_ Approved: YES NO PENDING

Reason: \_\_\_\_\_

### YOUR FAMILY

Who are you adopting this cat for? Myself Other: \_\_\_\_\_

Number of adults (18+ years) at home: \_\_\_\_\_

Number of children at home: \_\_\_\_\_ 0 - 7yrs \_\_\_\_\_ 8 - 17 years

Any known "pet" allergies: YES NO

How busy is your family:

VERY BUSY BUSY NOT BUSY

How would you describe yourself?

NERVOUS LOUD CALM QUIET

Are you planning on the following in the next month?

MOVING HOLIDAY CHANGE IN SCHEDULE

Where will your cat stay during holiday?

AT HOME WITH CARE BOARDING OTHER

### YOUR HOME

What type of home do you live in?

HOUSE APARTMENT

Do you: OWN RENT

Do you have your landlord's/strata's permission to have pets (if applicable)?

YES NO

Please provide us with contact information for your landlord or a copy of your strata by-laws:

\_\_\_\_\_  
Checked by S.A.D: YES, please initial: \_\_\_\_\_

On average how many hours will your cat be alone on:  
Weekdays:\_\_\_\_\_ Weekends:\_\_\_\_\_

Will your cat be an indoor or outdoor cat:\_\_\_\_\_

## GENERAL INFORMATION

Who will have the primary responsibility of the cat?  
\_\_\_\_\_

Have you had cats before? YES NO

What happened to them?  
\_\_\_\_\_  
\_\_\_\_\_

Have you surrendered or given away a pet? YES NO

If yes please provide the reason:  
\_\_\_\_\_  
\_\_\_\_\_

Approximately how much do you think your cat will cost you per year?

Vet/Medical\_\_\_\_\_ Food\_\_\_\_\_

Boarding:\_\_\_\_\_ Grooming:\_\_\_\_\_

## YOUR PETS

Are there any other cats in your household? YES NO

If yes, please list them:

Name	Breed	Age	Sex	Fixed?
				YES NO
				YES NO
				YES NO

Do you have other pets in your household? YES NO

If yes, please list them:

Name	Type	Age	Sex	Fixed?
				YES NO
				YES NO
				YES NO

**Please provide us with the name and number of your vet:**

\_\_\_\_\_

## TELL US WHAT YOU ARE LOOKING FOR

<b>Sex:</b>	Female	Male	No Preference	
<b>Coat:</b>	Short	Medium	Long	No preference
<b>Age:</b>	Kitten	Adult	Senior	No preference
<b>Size:</b>	Small	Medium	Large	No preference
<b>Breed/Type/Color:</b>				

## PROBLEMS YOU ARE WILLING TO WORK ON

Separation Anxiety      Excitability      Mild Aggression      Obedience      House Training

Reaction to dogs      Vocalization      Fearfulness

I am not willing to work on any problems

I need more information to decide

I WOULD LIKE MY CAT TO	VERY IMPORTANT	QUITE	NOT IMPORTANT
Be friendly with children			
Be friendly with other cats			
Be friendly with dogs			
Be friendly with me			
Be friendly with visitors			
Enjoy being groomed			
Enjoy being held			
Enjoy being petted			
Be calm			
Be playful			
Be quiet			
Be independent			
Never wake me up at night			
Never show aggressive behavior			
Always use the litter box			

Under what circumstances would you return your cat?

Moving      Too costly      New baby      Aggression      Medical reasons

No enough time      Behaviour problem

Comments:

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Have all the members of your household met the cat?    YES      NO

Have you ever been convicted of neglect or cruelty to animals?    YES      NO

If yes, please explain \_\_\_\_\_

Are you willing to have a S.A.D representative do a home visit by appointment? YES NO

If not, why?

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**Have you made arrangements for pets in the case of your inability to care for them?**

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## **Society for Animals In Distress (S.A.D.)**

33 Perini Road, Elliot Lake, ON P5A 2T1

705-461-3197

### **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 and will at all times be under the control and supervision of a capable adult person.**

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 re-home cats and dogs that were surrendered to the society by either the owner or guardian of said animal. Each cat or dog will only be adopted out after being fully vaccinated, examined, de-wormed, flea treated and spayed or neutered.

#### ***RETURN POLICY***

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

#### ***ASSUMPTION OF LIABILITY***

I have read this Agreement. I understand and accept all the rights and obligations involved and agree to provide said cat with adequate shelter, food, water and veterinary care. I understand that by adopting this cat, I assume all responsibilities. This includes but is not limited to all actions that cause injury (directly or indirectly), damage, harm or fatality to person or animal, 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 be 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 only by a S.A.D. authorized representative and must be signed by the representative to be valid.

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.

**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**

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

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

Phone Number: \_\_\_\_\_ Alternative Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Applicants signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witnessed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ALL RESPONSES WILL BE KEPT STRICTLY CONFIDENTIAL**

Cat: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Log #: \_\_\_\_\_

Remarks: