



Claresholm Animal Rescue Society

PO Box 2579, 4110 - 3 Street East, Claresholm, Alberta T0L 0T0

Telephone: 403-625-5370

claresholmcares@gmail.com

CAT ADOPTION APPLICATION



Date of Applying: _____ M/D/Y

Name: _____ Date of Birth: _____ M/D/Y

Mailing Address: _____ City/Town & PC: _____

Street Address: _____ City/Town & PC: _____

Home Tel #: _____ Alternate Tel #: _____

Email Address: _____

I am interested in the CARES' cat named: _____

About Your Household

House Suite Townhouse Mobile Home Condo/Apartment

Town/City Acreage Farm Own Rent With Parent(s)

Landlord / Condo Association/ Parent(s)' Name: _____

Telephone #: _____

How long have you been at this address? _____

If less than 2 years, please list previous address & length of time _____

How many people live in the house? _____ Adults _____ Children (ages) _____

Is everyone in the household in favor of adopting a cat(s)? Yes No

If no, what are their concerns? _____

Person who will be responsible for the care of the cat _____ Alternate _____

Please estimate the yearly cost for food/litter/toys : \$ _____

Please estimate the yearly cost for veterinary care: \$ _____

Veterinarian/Clinic Reference: _____ Phone #: _____

1st Personal Reference: _____ Phone #: _____

2nd Personal Reference _____ Phone #: _____

Personal references cannot be spouse or relative.

I agree to give CARES permission to obtain info from my references: (sign) _____

Have had you had pets in the past? Yes No

Details: _____

Please list your **CURRENT PETS** and what they are like.

Name	Type (cat, dog, other)	Age	Male/Female	Spayed/Neutered	Vaccines Current	Licensed	Personality

Have you ever re-homed, surrendered or euthanized a pet? Yes No

If yes, please describe: _____

Your Expectations:

I am looking for: kitten (less than 6 months) adult (1-7 years) senior (7+ years)
 indoor cat indoor/outdoor cat outdoor/barn cat

Reason for a cat: companion for me/family companion for pet mouser

Energy level: energizer bunny high energy average energy couch potato

Needs daily attention/play for: 3+ hours 2-3 hours 1-2 hours 0-1 hours

How many hours a day will you be home with your cat/pets: _____

Animal's

Personality: friendly to all cautious with newcomers bonds with people slowly
 lone ranger alpha personality loves to play talkative/purrs not talkative

Grooming weekly brushing monthly brushing no brushing
 monthly nail trim no nail trim no nail trim/declawed

Scratching: scratching okay willing to train if scratches must never scratch

Special needs: not interested special diet calici virus other medical conditions

Under what conditions would you declaw a cat? _____

Tell us arrangements you have in place to look after your cat/pets should something happen to you:

By signing this Application, I agree that the info provided is true: _____

OFFICE USE ONLY								
Adoption Comm: 1st:	Yes	No	2nd:	Yes	No	3rd:	Yes	No