

# Adoption Application Form

Forgotten Ones Cat Rescue and Adoption Inc.  
P.O. Box 32203, Harding Postal Station, 250 Harding Blvd W, Richmond Hill, L4C 9S3

**\*\*INCOMPLETE APPLICATIONS WILL NOT BE APPROVED\*\***

*Please fill out the application completely. In order to ensure that a particular animal is the right choice for your household, we must have an understanding of your needs and expectations with regard to acquiring a new pet. All references will be checked, so please provide phone numbers. **You must be 21 yrs of age or older to adopt a cat from our organization.***

## Contact Information

Applying to Adopt Cat: \_\_\_\_\_ Date of application: \_\_\_\_\_  
Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City/Postal Code: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Do you:  Own  Rent If renting, name of landlord: \_\_\_\_\_ and phone: \_\_\_\_\_

## Housing

Type of Dwelling:  House  Townhouse  Apartment/Condo  Basement Apt  
 Rural/Farm  Student Housing  Shared Accommodation  Other  
Are you in the process of moving or planning to move?  Yes  No  
If you live in an apartment is there a balcony?  Yes  No What Floor? \_\_\_\_\_  
Are all your screens intact and secure?  Yes  No

## Personal Information

Age: under 21  21-30  31 - 40  41 - 50  51 - 60  61 - 70  70 +   
Are you:  Stay at Home  A Student  Working  Retired  Other  
Is this your first cat?  Yes  No If yes why have you chosen a cat for a pet? \_\_\_\_\_  
How long have you been planning on adopting a cat? \_\_\_\_\_  
Please tell us why you would like to adopt a cat / family pet from us. Please check all that apply.  
 Companion to myself  Companion to another pet  Breeding  Gift  
 For a School  For a Special Needs Facility  For a Barn  Mouser  
 For a Child  For a retirement facility  Other

## Home Environment

How many adults live in your home? \_\_\_\_\_ Children? \_\_\_\_\_ Ages of children: \_\_\_\_\_  
Have your children had exposure to cats/kittens?  Yes  No  
Which family member would be the primary caregiver? \_\_\_\_\_  
Are all family members in agreement to adopting a cat?  Yes  No  
Please explain if "no" or "unsure"? \_\_\_\_\_  
Does anyone in your family have asthma or allergies triggered by animals?  Yes  No  
Which best describes your household on a daily basis:  Active  Noisy  Quiet  Average

### Previous Pets

Please list the animals you have shared your home within the last 5 years:

Type/Name (Example: Cat/Tiger)	Breed	Age	Sex	Was the pet De-clawed	Spayed / Neutered	Date of Last Vet Visit	Do you still have this pet? If not why?
				[ ]Yes [ ]No	[ ]Yes [ ]No		
				[ ]Yes [ ]No	[ ]Yes [ ]No		
				[ ]Yes [ ]No	[ ]Yes [ ]No		
				[ ]Yes [ ]No	[ ]Yes [ ]No		

Have you ever had to surrender an animal to a Shelter, pound or SPCA? [ ]Yes [ ]No

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

### Preferences

What type of cat are you looking for? Please choose all desirable traits that meet the needs of your family:

- [ ]Quiet [ ]Chatty [ ]Laidback [ ]Independent [ ]Outgoing [ ]Playful [ ]Athletic  
 [ ]Friendly [ ]Lap-Cat [ ]Loves Pets [ ]Likes to be held [ ]Seeks Attention [ ]Follows you around  
 [ ]Short Hair [ ]Long Hair [ ]De-clawed [ ]Good with children [ ]Good with cats [ ]Good with Dogs  
 [ ]Other \_\_\_\_\_

All cats shed to some extent, how much shedding of coat is acceptable to you? [ ]Light [ ]Moderate [ ]Don't Care

Are you considering de-clawing this cat? [ ]Yes [ ]No [ ]Undecided

If you answered "yes" or "undecided" please explain reasons: \_\_\_\_\_

### Adjustment Period

*Different cats have different behaviours and so have different adjustment periods\*\*\*. Some cats may adjust right away. Others may take at least two weeks. This can especially be true if other pets are involved.*

Would you mind a cat that needs a longer time to adjust? [ ]Yes [ ]No [ ]Unsure

Do you have a "safe room" away from other pets, small children etc to allow this cat to become comfortable for the period of adjustment? [ ]Yes [ ]No [ ]Not Applicable

**\*\*\*NOTE:** Adjustment behaviour may include – vocalization (especially at night) door dashing, scratching furniture, not eating/over eating, hiding, personality conflicts with existing pets, etc\*\*\*\*.

### Care of Your New Cat

What foods are you currently feeding your cat or will be feeding this cat? \_\_\_\_\_

How long on average will your cat be left alone each day? \_\_\_\_\_

Have you decided on where you will be putting the litter box and food bowls? \_\_\_\_\_

Will your cat be allowed outside? [ ]Yes [ ]No [ ]Maybe

- If yes? [ ]on leash & harness [ ]outdoor cat enclosure [ ]on a balcony  
 [ ]allowed to wander at large [ ]in the backyard under supervision

Where will this cat be kept during the day? \_\_\_\_\_ At night? \_\_\_\_\_

### Long Term Care

What arrangements have been made for the care of this cat in the event of vacation, family illness, loss of job etc?

Please elaborate: \_\_\_\_\_

If you plan to move, what will happen to this cat? \_\_\_\_\_

What is the life span of this animal? \_\_\_\_\_

Do you foresee any reasons that might make you want to give this cat up in the future? \_\_\_\_\_

### Veterinarian Care and Information

How often will you take your pet to the veterinarian? \_\_\_\_\_ Are you aware of vet costs? [  ]Yes [  ]No

What would be a reasonable amount to spend per year on this cat excluding emergencies? \_\_\_\_\_

Name and contact of your veterinarian or, if you do not yet have a veterinarian, please provide a personal reference:

	Clinic Name	Veterinarian Name	Phone
Current			
Previous			
	Personal Reference: Name	Relation to you	Phone
If no Vet			

### Other Information

How did you hear about us?

[  ]Website [  ]PetSmart Elgin Mills [  ]Global Pet Foods Major Mac [  ]Friend [  ]PJ Pet Store  
[  ]Petfinder [  ]Pet Value Yonge St [  ]Global Pet Foods Tower Hill [  ]Family [  ]Other \_\_\_\_\_

May we contact you regarding volunteer opportunities? [  ]Yes [  ]No

May we contact you in order to help with fundraising? [  ]Yes [  ]No

Comments/Questions:

*\*\*\*By completing this application, you are confirming that the information that you have provided is accurate and truthful and that any references given to us authorizes us to contact them for information about the care of your pet. Please note that we have the right to deny an adoption if we feel the situation is not suitable.*

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#### FOR OFFICE USE ONLY

Application accepted? [  ]Yes [  ]No Fee: \_\_\_\_\_ References checked by: \_\_\_\_\_

From what location: \_\_\_\_\_

For Immediate Delivery please scan completed form and e-mail to:  
[info@forgottenones.ca](mailto:info@forgottenones.ca)