



Date of Application:

Name of cat/kitten:

Application to Adopt a Cat / Kitten

Please complete this form, sign and date it and return by email to alleycatsalliance@gmail.com

Your Name:			
Physical Address:			
Mailing Address:			
City/Town:	Province:	Postal Code:	
Email Address:			
Phone Number :	H.	W.	C.
Living Arrangement: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Cohabitate <input type="checkbox"/> Roommate(s)			
Occupation:			
What age group are you in? <input type="checkbox"/> 19 to 30 <input type="checkbox"/> 31 to 50 <input type="checkbox"/> 51 over			
Type of residence: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Other			
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Share Accommodation			
If renting/living in shared accommodation, are pets accepted by landlord and/or roommates? Yes / No			
Do you have children? Yes / No If yes, what are their ages:			
Do any family members have pet allergies? Yes / No If yes, explain:			
Do you have a cat(s) _____, dog(s) _____ now? Have you had a cat or dog before? Which?			
If yes, did you have the cat(s) and/or dog(s) spayed or neutered and vaccinated?			
Who is your veterinarian?			

Do you plan to de-claw this kitten/cat? Yes / No		
Do you plan to keep your new cat strictly indoors or will he/she have outdoor privileges?		
If your previous cat(s) has passed away, please describe the circumstances:		
If your previous cat(s) had to be re-homed, please describe the circumstances:		
How many hours are you away from home during the day?		
What are your reasons for adopting?:		
What are you looking for in a kitten/cat?		
Any particular colour?	M/F?	Long/Short Fur?
Would you consider two cats? Yes / No <i>We often have very attached pairs to place.</i>		
How often do you travel?		
Who will care for your kitten/cat while you are away?		
Will you provide a scratch post for your cat?		
Two References: (Include phone numbers and relationship)		
1.		
2.		
Can you help with volunteering? Yes / No <input type="checkbox"/> Fundraising <input type="checkbox"/> Fostering <input type="checkbox"/> Special Projects		
BY SIGNING BELOW I DECLARE ALL ABOVE INFORMATION TO BE TRUE TO THE BEST OF MY KNOWLEDGE.		
Signed: _____ Date: _____		

We endeavor to respond to all enquiries as quickly as possible. If you are not contacted by an AlleyCATs Alliance representative within 72 hours of submitting this form, please contact us at alleycatsalliance@gmail.com or by phone 250-462-8195