

# PACIFIC ANIMAL FOUNDATION

Registered Charity # 87302 1752 RR0001

# 735 - 1641 Lonsdale Avenue, North Vancouver, BC V7M 2J5

Phone: 604-986-8124 / www.pacificanimal.org

## APPLICATION FOR CAT ADOPTION

### Personal Information

NAME \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Phone number \_\_\_\_\_ Cellphone \_\_\_\_\_

Home residence: House \_\_\_\_\_ Townhouse \_\_\_\_\_ Apartment \_\_\_\_\_

Do you: Own \_\_\_\_\_ Rent \_\_\_\_\_ Share accommodation? \_\_\_\_\_

If renting or living in shared accommodation, do you have permission from landlord to have pets ? \_\_\_\_\_

If so, please provide name and phone number for landlord \_\_\_\_\_  
\_\_\_\_\_ May we call landlord ? \_\_\_\_\_

Do you have children? \_\_\_\_\_ If so, what are their ages? \_\_\_\_\_

Will you speak with your children about the responsibility of owning a pet and what the pet's needs are ? \_\_\_\_\_

Who will be the primary caregiver of the cat/kitten ? \_\_\_\_\_

Do any family members have allergies ? \_\_\_\_\_

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### Animal History

Do you have pets now ? Cat(s) \_\_\_\_\_ Dog (s) \_\_\_\_\_ Other \_\_\_\_\_

How old are they ? \_\_\_\_\_ How long have you had them ? \_\_\_\_\_

Have you had a cat or dog before? \_\_\_\_\_

If so, were they spayed/neutered ? \_\_\_\_\_

Have you ever given up a pet ? \_\_\_\_\_ If so, why ? \_\_\_\_\_

\_\_\_\_\_

Who is your veterinarian?  
\_\_\_\_\_

May we contact your veterinarian for a reference ? \_\_\_\_\_

Do you plan to de-claw this cat/kitten? \_\_\_\_\_

Will your cat be allowed access to outside ? \_\_\_\_\_ Do you have a cat door? \_\_\_\_\_

How many hours are you away from home during the day? \_\_\_\_\_

Does everyone in your family want the new cat ? \_\_\_\_\_ If not, why not ?  
\_\_\_\_\_

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New adoption

Are you looking for a cat or kitten ? \_\_\_\_\_ Will you consider a pair ? \_\_\_\_\_

Male/female ? \_\_\_\_\_ Long hair/short hair ? \_\_\_\_\_

Will you provide a scratch-post for your cat? \_\_\_\_\_

Will you provide a good quality of food (both wet and dry ?) \_\_\_\_\_

Raw food ? \_\_\_\_\_

If you are unable to keep a cat adopted from **Pacific Animal Foundation**, will you agree to return the cat to us ? \_\_\_\_\_

Will you agree to a home visit as part of the adoption process ? \_\_\_\_\_

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**Please provide the names and telephone numbers of two references:  
(your veterinarian can be used as a reference)**

**Name:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

**Relationship to applicant:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

**Relationship to applicant:** \_\_\_\_\_

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**FOR PAF USE ONLY:**

**COMMENTS** \_\_\_\_\_

\_\_\_\_\_

**CALLBACK:**  
Date/Time \_\_\_\_\_ Adoption Co-ordinator Initials \_\_\_\_\_