

OXFORD COUNTY ANIMAL RESCUE GROUP

Cat Adoption Application

Please send completed adoption application to Melissa@oxfordcountyanimalrescue.com or P.O. Box 1104, Norwich ON NOJ 1P0

Name of Cat you are applying for: _____

APPLICANT INFORMATION

Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

When is the best time and method for us to contact you:

DETAILED INFORMATION

1. Why do you want to adopt this cat?: _____

2. Who do you want to adopt this cat for? _____

3. Do you have children and what ages are they? _____

4. Are you home during the day: Yes No How many hours? _____

5. Are you home in the evening: Yes No How many hours? _____

6. Have you owned pets before? _____

7. What happened to them? _____

8. Does anyone in your household have allergies to animals? _____

9. What type of home do you live in:

House

Apartment

Condo

Trailer

Townhouse

10. Do you rent or own (if rent please provide landlords name and phone number):

Own Rent _____

11. Which best describes your household on a daily basis? Active Noisy Quiet Average

12. Where will your cat be kept? Indoor Only Outdoor Only Both

13. What will you do with your cat when you go on holidays? _____

14. Do you plan to declaw your cat? YES NO UNDECIDED

15. Under what circumstances would you need to give up your cat? (circle all that apply):

Moving New Baby Divorce New Relationship High cost of Care Allergies Vacation Claws
furniture Illness in Cat Poor Mouser Other: _____

16. Have you ever surrendered an animal to the SPCA or other organization in the past? If yes, please indicate reason: _____

17. If you are not employed, what income do you have to ensure the animal will be adequately fed and cared for? _____

18. What behaviour issues are you willing to tolerate and work on? (circle all that apply):

*Scratching *Excessive Meowing *Litter Box Problems *Vomiting *Shedding *Property Damage
*Hiding/Shyness

CURRENT PETS

Type of Pet (and breed):

Spayed or Neutered: Yes No

Vaccinations current (if applicable): Yes No

Type of Pet: _____

Spayed or Neutered: Yes No

Vaccinations current (if applicable): Yes No

Type of Pet: _____

Spayed or Neutered: Yes No

Vaccinations current (if applicable): Yes No

Name of current Veterinary Clinic: _____

OTHER INFORMATION

1. Does everyone in your household agree with your decision to adopt a cat?:

Yes No

2. Do you have any objections to an in home visit from an O.C.A.R.G. representative prior to application approval?

Yes No

3. How did you hear about us? _____

Any other reasons you feel would make you a prime candidate for fostering an animal through Oxford County Animal Rescue Group:

Please read and initial: I wish to adopt a cat from Oxford County Animal Rescue Group. By signing this application, I agree to:

- Provide the adopted cat with adequate food, water, shelter, exercise, and veterinary care as required for as long as I own him or her. **Initial** _____
- Provide a nurturing and loving environment. **Initial** _____
- Comply with my municipality's Animal Control Bylaw (as amended or superseded from time to time), as it relates to my cat. **Initial** _____
- Ensure that my cat has proper identification (ie, a collar, tattoo, or microchip). **Initial** _____
- ***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 be especially true if other pets are involved. Adjustment behaviour may include vocalization (especially at night), door dashing, scratching furniture, not eating/overeating, hiding, personality conflicts with existing pets, etc. **Initial** _____

SIGNATURE

I warrant and confirm that the information given in this application form is true and correct and I understand that it is being used to determine my compatibility and responsibility for the animal.

I understand that Oxford County Animal Rescue Group reserves the right to refuse any application for any reason.

I understand that it is my sole responsibility to check with my local municipality to ensure that no by-laws are being broken. Oxford County Animal Rescue Group will not be held responsible if any municipal by-laws are broken.

If at any time I am no longer able to care for the adopted animal, I will contact an O.C.A.R.G. Representative and make arrangements for surrender of the animal, along with any supplies provided to me from them.

Applicant's Signature: _____

Date: (DD/MM/YYYY) _____

FOR OFFICE USE ONLY:

Landlord Authorization: _____ Volunteer Initial: _____

Application: APPROVED REJECTED Volunteer Initial: _____

Notes: _____

