

ADOPTION APPLICATION – KITTEN (Age up to 1 year)

PETS/FRIENDS FOR LIFE

14 St. Catharine St,
St. Thomas, Ontario,
N5P 2V6



519-631-5757

petsfriendsforlife@hotmail.com

ANIMAL INFORMATION:

NAME/ID #: _____ SEX: _____ SPAYED/NEUTERED: _____ AGE: _____
BREED: _____ DESCRIPTION: _____ PFFL KNOWN MEDICAL/BEHAVIOURAL
CONDITIONS: _____

ADOPTER INFORMATION: Borrowed pet carrier from PFFL: Yes _____ No _____

NAME: _____ PHONE#: _____ WORK#: _____
ADDRESS: Unit # _____, _____ City: _____
Postal Code: _____ PLACE OF EMPLOYMENT: _____
EMAIL ADDRESS (please print clearly): _____
Are you 18 years of age or older? Yes: _____ No: _____

Pets/Friends for Life has a policy that all adopted cats go to homes where they will be indoor cats only. Many of our cats have come to us from a life on the streets after they have been abandoned or lost from a previous home. We wish to ensure that these cats do not have to suffer the dangers of the outdoors again which include cars, other wild animals, dangerous plants and substances. If you are adopting a cat from us, please consider the cat's long term safety and respect our "INDOORS ONLY" policy. We wish them to live a long, healthy and safe life and this can be done by keeping them indoors!

Integrating a new cat into a household with other pets requires patience. There may need to be several days of separation and slow introduction of current pets to the new feline addition. Please inquire about practical solutions if unsure about how to add a new feline member to the household.

Have you had pets before? _____
Have you ever had to surrender a pet? If so, why? _____
Do you have a VETERINARIAN? If yes, please list: _____
Why do you wish to adopt? _____
Have you ever adopted from us before? YES _____ NO _____
Are you willing to give a 10-20 year commitment? YES _____ NO _____
Are there any other pets currently in the home? YES _____ NO _____ Specify: DOG _____ CAT _____ OTHER _____
How many people in the home? _____
Any children? YES _____ NO _____ If yes, give ages _____
Does anyone suffer from allergies? YES _____ NO _____
Do you have a pet carrier to take this cat home in today? YES _____ NO _____
Do you object to a follow up call or home visit by PFFL to check on the welfare of the cat? YES _____ NO _____
If yes, please explain why _____

Please initial each statement below as a means of indicating you have read and understand it:

___ I certify that the information I have given is true and that any misrepresentation of facts and may result in my application for adoption being declined or rescinded post adoption.

___ I understand that PFFL has the right to decline my application and I authorize investigation of all statements in this application.

___ I agree to provide Pets/Friends for Life with a copy of my identification

___ I agree to provide Pets/Friends for Life with proof of my current address

___ I agree to provide lifelong care for my new cat including the necessary vaccinations and medical care for this cat and will return this cat to PFFL within 30 days if not satisfied.

ADOPTION COST IS NON REFUNDABLE.

Signature: _____ Date: _____

PFFL Witness: _____ Date: _____

Adoption fee paid by: Cash _____ E-transfer _____

When adopting an adult cat from Pets/Friends for Life, our adoption fee includes mandatory spaying/neutering, initial vaccinations plus rabies, de-flea treatment and deworming in addition to a wellness check by a veterinarian. Adult cats will have been spayed or neutered upon adoption. PFFL is providing adopters with names of some veterinarians in their local area if they do not have a veterinarian. The cat's health record will be included in the adoption paperwork. Pets/Friends for Life, in good faith, adopts cats who are deemed to be in good health upon release from our shelter. PFFL strongly recommends that you take your new cat to a veterinarian within 2 weeks for a full examination. ***PFFL, at its discretion, will continue to provide health assistance for upper respiratory infections for up to two weeks post adoption. Should a cat require health care assistance for this medical condition, adopters will be reimbursed up to \$70 for veterinarian care (examination and medication fee) for this procedure if they see a veterinarian of their choice (copy of paid invoice required). Adopters may request that PFFL provide veterinarian care for an upper respiratory infection and will be required to temporarily return/release the cat to Pets/Friends for Life so that we can provide care at a veterinarian of our choice. **ADOPTERS MUST CONTACT THE SHELTER IMMEDIATELY IF THEY SUSPECT THE CAT NEEDS ASSISTANCE FOR UPPER RESPIRATORY ILLNESS.** _____ Initials

EVAH (East Village Animal Hospital)
1177 Dundas St, London
519-455-3824

ABBEYDALE ANIMAL HOSPITAL
26 Sparling Rd, St. Thomas
519-631-6056

ST THOMAS ANIMAL CLINIC
53 Princess Ave, St. Thomas
519-637-2233

MEDICAL VOUCHER

valid until _____ Name of kitten/PFFL file # _____

Pets/Friends for Life
14 St. Catharine Street
St. Thomas, Ontario
N5P 2V6
519-631-5757
petsfriendsforlife@shaw.ca
Certificate for shelter # 0229293862

PETS/FRIENDS FOR LIFE WILL

- ~ contribute \$50 for male kitten neuters upon submission of a paid invoice from a veterinarian if the kitten has not already been neutered.
- ~ contribute \$60 towards female kitten spays upon submission of a paid invoice from a veterinarian if the kitten has not already been spayed.
- ~ contribute \$10 towards a kitten's rabies vaccine if not already vaccinated by PFFL.

Authorized by: _____ Date: _____