ADOPTION APPLICATION - KITTEN - Age up to 1 year



PETS/FRIENDS FOR LIFE

353 Talbot St. St. Thomas, Ontario, N5P 1B7 519-631-5757 petsfriendsforlife@hotmail.com

ANIMAL INFORMATION:

NAME/ID #:		SEX:	SPAYED/NEUT	ERED:	AGE:
BREED:	DESCRIPTION:			_ PFFL K	NOWN MEDICAL/
BEHAVIOURAL CO	NDITIONS:				
ADOPTER INFORM	MATION:				
Borrowed pet carrie	r from PFFL: Yes	No			
PHONE#:	WORK#	:		_	
ADDRESS: Unit #	,			_City:	
Postal Code:	PLACE OF EM	IPLOYMENT:			
EMAIL ADDRESS (p	olease print clearly):				
Are you 18 years of	age or older? Yes:	No:			
of our cats have co home. We wish to include cars, other consider the cat's I healthy and safe life NOT de-clawing cathe adoption and Pelotte Integrating a new cof separation and s	me to us from a life on ensure that these cats wild animals, dangerou ong term safety and rea and this can be done as and the adopter agreets/Friends for Life has at into a household with	the streets and so do not have us plants and espect our "In e by keeping the es not to detail the authority of the the authority of the est to	ter they have been e to suffer the dan substances. If you NDOORS ONLY" pothem indoors! ***Piclaw the cat/kitten of to reclaim the cat/kitence. The new feline additional to the substance of the new feline additional the ten additional the substance of the new feline additional the substance of the new feline additional the substance of the subst	abandone gers of the are adopt olicy. We vets/Friend once adopt then	te indoor cats only. Many and or lost from a previous are outdoors again which and a cat from us, please wish them to live a long s for Life has a policy or oted. Doing so will nullify Initials need to be several days are inquire about practical.
Have you had pets	before?				
Have you ever had	to surrender a pet? If so	o, why?			
Do you have a VETE	ERINARIAN? If yes, plea	ase list:			
Why do you wish to	adopt?				
Have you ever adop	oted from us before? YE	ES NO			
Are you willing to gi	ve a 10-20 year commi	tment? YES_	NO		
Are there any other	pets currently in the ho	me? YES	_NO		
Specify: DOG (CAT OTHER				
How many people is	n the home? Aı	ny children? ነ	'ES NO If y	es, give a	ges
	from allergies? YES		-		
-	carrier to take this cat h		? YES NO_		
•	follow up call or home v	_		are of the	cat? YES NO
-	n why	-			

Please initial each statement below a	as a means of indicating you have read and understand it:					
result in my application for adoption be I (we) understand that PFFL has statements in this application I (we) agree to provide Pets/Friends	I have given is true and that any misrepresentation of facts and may sing declined or rescinded post adoption. the right to decline my application and I authorize investigation of all s for Life with a copy of my identification that includes my address. For my new cat including the necessary vaccinations and medical care					
Signature:	Date:					
PFFL Witness:	Date:					
Adoption fee paid by: Cash E-	transfer					
neutering, initial vaccinations plus rab veterinarian. Adult cats will have been names of some veterinarians in their lo be included in the adoption paperwork be in good health upon release from of veterinarian within 2 weeks for a full of assistance for upper respiratory infect care assistance for this medical con (examination and medication fee) for invoice required). Adopters may request and will be required to temporarily return at a veterinarian of our choice. ADC	tets/Friends for Life, our adoption fee includes mandatory spaying/pies, de-fleaing and deworming in addition to a wellness check by an spayed or neutered upon adoption. PFFL is providing adopters with ocal area if they do not have a veterinarian. The cat's health record will ke. Pets/Friends for Life, in good faith, adopts cats who are deemed to our shelter. PFFL strongly recommends that you take your new cat to a examination. ***PFFL, at its discretion, will continue to provide health tions for up to two weeks post adoption. Should a cat require health dition, adopters will be reimbursed up to \$70 for veterinarian care this procedure if they see a veterinarian of their choice (copy of paid at that PFFL provide veterinarian care for an upper respiratory infection urn/release the cat to Pets/Friends for Life so that we can provide care opters. MUST CONTACT THE SHELTER IMMEDIATELY IF THEY INCE FOR UPPER RESPIRATORY ILLNESS. Initials					
	1177 Dundas St, London 519-455-3824					
ST THOMAS ANIMAL CLINIC 53 Prin	cess Ave, St. Thomas 519-637-2233					
ELGIN ANIMAL HOSPITAL 9789 Sunset Rd, St. Thomas 519-631-0430						
ABBEYDALE ANIMAL HOSPITAL 26 Sparling Rd, St. Thomas 519-631-6056						
BEAVER CREEK ANIMAL HOSPITAL	7477 Sunset Rd, St. Thomas 519-637-0966					
AYLMER VETERINARY CLINIC 421 To						
	Name of kitten/PFFL file #					
•	PETS/FRIENDS FOR LIFE WILL:					
not already been neutered.	s upon submission of a paid invoice from a veterinarian if the kitten has					
	spays upon submission of a paid invoice from a					
veterinarian if the kitten has not already ~ contribute \$10 towards a kitten's rab	ies vaccine if not already vaccinated by PFFL.					
Authorized by:	<u> </u>					