



Voice for Animals Society

PO Box 68119, 162 Bonnie Doon Mall, Edmonton, AB, T6C 4N6

email: info@v4a.org ph: 780-490-0905

www.v4a.org

Feline Adoption Application/Contract

NOTE: Completion of this application does not guarantee adoption of a rescue animal.
This Questionnaire becomes a part of the contract.

Name of cat(s) you are interested in: _____

Name of applicant: _____ Occupation: _____

Name of spouse/significant other: _____ Occupation: _____

Names/Ages of children (if any at home): _____

Street address: _____

City: _____ Prov : _____ PC: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email: _____ May we add you to our mailing list?: _____

How did you hear about Voice for Animals Society? _____

Where do you live: House Apartment Condominium Townhouse Other

A home inspection may be required for adoption. Are you willing to permit V4A staff to conduct a home inspection: Yes No

Do you: Own Rent Other Please explain: _____

If you rent, do you have the landlord's permission to have a pet: Yes No

Landlord's name and phone number: _____

Will the cat be: Indoor only Indoor/Outdoor*

***APPROVAL REQUIRED - Please give details of cat's accommodations:**

About what percent of the time will the cat be left alone: _____

Where will the cat sleep at night?: _____

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Why do you want a cat: (Check all that apply) House pet Companion for pet

Mouser/Barn cat Companion for family Companion for children Gift Other

Other pets: (specify number of each) _____ Dogs _____ Cats _____ Other _____

If you have other pets, are they spayed/neutered: Yes No

Licensed: Yes No

What pets have you had in the past: _____

What happened to them: _____

What would happen to the cat if you moved locally: _____

Out of province: _____

Out of the country: _____

Do you have a regular veterinarian: Yes No Vet's name _____

Name of clinic: _____

Address: _____ City: _____ Pro: _____ P.C.: _____

Does anyone in your household have allergies: Yes No If yes, what kind: _____

Will you be able to live with hair on your furniture, stains on your rugs and an animal which might be destructive at times: Yes No

Remember, pets are an investment of your time and money. Can you afford to provide medical care, proper diet, proper shelter and exercise for your new pet: Yes No

What do you expect to pay in annual veterinary care: \$ _____

Do you have the means to afford an unexpected illness/injury: (Approx. \$2,000) Yes No

Are you able to make a long-term commitment to care for your pet for its entire lifespan, which could be as long as 15-20 years: Yes No

Under what circumstances would you not be able to keep this cat: _____

Print Name: _____ Date: _____

Print Name: _____ Date: _____