**PARKLAND HUMANE SOCIETY INC.**

**CAT ADOPTION APPLICATION**

*For PHSI Staff Only:*

**Cat File #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date Adoption Fee Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Committee Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*For Adoption Applicant:*

**Name of the Cat Interested in:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Province:** **\_\_\_\_\_\_\_\_\_\_\_ Postal Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you currently employed? :** YES or NO **If Yes:** Full Time ( ) or Part Time ( )

**References (name & number - no relatives)**

**1.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of people living in your home**:

Adults: \_\_\_\_\_\_ Children under 6: \_\_\_\_\_\_ Children age 6-18: \_\_\_\_\_\_

**Do you own** ( ) **or rent** ( ) **your current place of residence?**

**If renting, do you have permission from your landlord to have a cat? :** YES or NO

Landlord’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Do you currently have any other pets in your household?** YES or NO

**If yes, what type(s) and how many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are your current pets spayed/neutered?** YES or NO

**Are your current pets up-to-date on all of their vaccinations?** YES or NO

**If adopted, the cat would be kept:** Indoors ( ) Outdoors ( ) Both ( )

**If not kept indoors, where would the cat live?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your reason for wanting to adopt a cat? Please circle applicable:**

Companionship Children’s pet Barn cat Gift

**Have you previously applied to adopt a dog/cat?** YES or NO

**If yes, from where?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you ever given away a previous pet?** YES or NO

**If yes, please explain why:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you are planning to have children, will the cat remain a member of your family?** YES or NO

**Name & location of Veterinarian that currently looks after your pets: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TERMS & CONDITIONS**

**If for any reason you are unable to keep the adopted cat in the future, they must be returned to the Parkland Humane Society for re-adoption.** Under no circumstances should you try to re-home the animal yourself or surrender it to another organization. Unless there are extreme health issues, no dog or cat adopted from the Parkland Humane Society may be euthanized without our written consent.

The Parkland Humane Society reserves the right to repossess any adopted dog or cat in the event that we have significant reason to believe that the animal is being mistreated or if information supplied on this form is found to be inaccurate.

By signing below, you are agreeing to the terms as outlined in this document. If the terms are not met, you (the undersigned) will be held liable and any necessary legal action may be taken.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADOPTION CONTRACT**

*In consideration for the right to adopt the dog or cat stated on my adoption application, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(the adopter), do hereby: (****please initial each statement****)*

*\_\_\_\_* certify that I am at least 18 years of age and that the information provided in this application is true to the best of my knowledge;

\_\_\_\_ authorize the verification of any and all statements made herein by me, and the disclosure of any and all information contained herein for any and all purposes;

\_\_\_\_ acknowledge that PHSI reserves the right to deny my proposal to adopt this dog or cat;

\_\_\_\_ agree with PHSI that the adopted dog or cat shall be kept in my possession, under such controls as are prescribed in the prevailing by-laws of my community, and shall be treated humanely at all times, including the provision of any necessary veterinary care and medication and the daily provision of sufficient food, water, and adequate shelter at my own expense;

\_\_\_\_ agree that, in the event that I must give up said animal, it must be returned to PHSI;

\_\_\_\_ agree that, by accepting the dog or cat when it is delivered to me, I acknowledge that the said dog or cat is in good health except as otherwise advised by PHSI. I further agree that, after the said dog or cat is delivered to me, PHSI has no obligation to exchange the dog or cat, to refund my adoption fees, or to pay the costs of medical treatments unless PHSI specifically agrees to do so in writing;

\_\_\_\_ agree and undertake that, **as soon as it is practicable, but not later than six months from the date of my adoption, I shall deliver said dog or cat to a veterinarian whom works with PHSI to undergo, as applicable, castration (neutering) or ovariohysterectomy (spaying) and provide proof of said procedure to PHSI**

\_\_\_\_ agree that the said dog or cat **cannot** get pregnant, and in the event that said animal does get pregnant any puppies/kittens born will be the property of the Parkland Humane Society Inc. and must be surrendered to the Parkland Humane Society;

**\_\_\_\_** warrant that the adopted animal has never been owned by me nor anyone related to me;

**\_\_\_\_** acknowledge that failure to complywith the above stipulations shall result in the adopted animal being seized by the appropriate peace officer(s); and

\_\_\_\_ agree that neither PHSI nor its employees, volunteers, servants or agents shall be held liable with respect to any damage, injury, or illness that may occur and may be attributable, directly or indirectly, to my having adopted the said dog or cat, regardless of any evident, apparent or suspected negligence on the part of PHSI, its employees, volunteers, servants or agents.

\_\_\_\_ agree to follow-up telephone calls and a home visit to see how things are going during the two week trial period

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Adopter’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Witness Signature:**\_\_\_\_\_\_\_