Adoption Application

Thank you for your interest in our adoption program. If you are interested in adopting one of our adoptee's, please fill out the following application form and bring it in to the clinic with you or you can email it to reception@thecatclinic.ca. Please follow our facebook page for the most current pictures and information on our adoption cats.

Our Adoption fee is \$175 this includes the full initial series of vaccinations, neutering or spaying when they are old enough, deworming, fecal analysis, defleaing, felv/fiv testing, treatment for any external parasites, microchipping and a free 6 week trial of insurance.

<u>Cats Name you are interested in:</u>

Address:____

<u>Personal Information</u> Name:

city:	Postal Code:		
Home Phone: ()	emaíl:		
Place of Employment:			
Business Phone: ()			
Questionnaire			
1. Please give your reasons for wanting to ac	dopt a cat		
2. Do you currently own any pets?	Y	Ν	
3. If yes, please list species and ages:			
4. Are they spayed or neutered?	Y	Ν	
5. Are their vaccines up-to-date?	Y	Ν	
6. If yes, please provide vaccine information	(type of vaccines an	d dates gíven)	

7. Do you have any children?	Y	Ν	
8. If yes, how many and what are their ages?			
			/2
9. Does anyone in your family have allergies?	Y	Ν	
10. Do you plan to allow your cats outside?	Y	Ν	
11. Have you ever turned a pet in to the Humane Sc	ociety? Y	Ν	
12. If yes, please list your reasons:			
13. If you are not a client with the The Cat Clinic, p information: (Name, address, phone)	lease give your	Veterínaríans	
14. Please list 3 references i. Name ii. Name iii. Name	Phone Phone Phone		
We realize the addition of a new family member is a may not be the right fit for your family. If necessa we are more than happy to help with your transition	not always easį ry, they may b	e returned to the	
I certify that all information on this adoption applic	cation is true av	ıd correct.	
Signature			

Date

The Cat Clínic 391 Concession Street Hamilton, Ontario L9A 1B8 905.387.4151