Band City Stray Cat Rescue and Protection Society Inc. (SCRAPS)
PO Box 1653, Moose Jaw, SK S6H 7K7
(306) 693-0718 (306) 684-9048
scraps-mj@hotmail.com

ADOPTION APPLICATION

KITTEN/CAT INFORMATION

Kitten/Cat Name:_____ Male ☐ Female ☐ Estimated Age:_____

Description:_____ SCRAPS ID Number: _____

Microchip Number: _____

To the best of our knowledge, this kitten/cat is in good health, ready to be adopted, and should make a good family pet. Since this kitten/cat was born on the street, he/she will be timid when first meeting someone new, but given TLC and patience, he/she should adapt well to a new home.

ADOPTER INFORMATION

Name (please print):_____

Address:_____

City: _____ Postal Code: _____

Telephone: _____(home) _____(cell)

Email: _____

Have you ever adopted a kitten/cat from SCRAPS before? Yes ☐ No ☐

If "Yes", approximately when? _____

Are you 18 years of age of older? Yes ☐ No ☐

Please list all persons in your household:

Number of adults: _____

Number of youth: _____

Number of children (6 years or under):_____

Do you rent or own your own home? Rent ☐ Own ☐

If you rent, have you checked with your landlord to confirm that you can have a cat?

Yes ☐ No ☐

Landlords' Name:_____

Telephone: _____(home) _____(cell)

ENVIRONMENT INFORMATION

Ongoing costs of looking after a cat include annual vaccinations, good quality food, veterinary attention due to illness or emergency, cat care when on vacation, etc.
Do you have sufficient financial resources to look after your kitten/cat? Yes ☐ No ☐

Explain _____

Which separate, enclosed room in your home would serve as a safe haven for the transition period for your new kitten/cat? _____

Do you agree that a SCRAPS adoption volunteer may contact/visit you to see how this kitten/cat is doing, especially during the transition period, and also later on to confirm that he/she has been neutered/spayed? Yes ☐ No ☐

Indicate the species, breed, gender, and age of any pets currently in your home:

_____

_____

_____

Are your pets currently neutered/spayed? Yes ☐ No ☐

Are they up to date on vaccinations? Yes ☐ No ☐

Name and phone number of veterinarian: _____

Do any cats currently in your home have FIV or feline leukemia? Yes ☐ No ☐

Have you ever had a dog or cat with panleukopenia? Yes ☐ No ☐

REFERENCES

Please provide 2 references who are not related to you.

1. Name: _____

   Telephone_____(home) _____(cell)

   How do you know this person? _____

2. Name: _____

   Telephone_____(home) _____(cell)

   How do you know this person? _____

ADOPTION CONTRACT

Please initial to signify that you will commit to the following obligations.

_____ I agree that I have answered all the questions truthfully to the best of my knowledge.

_____ I agree that my new adopted kitten/cat will be kept indoors, well cared for, and treated with kindness.

_____ I acknowledge that SCRAPS does not support the declawing of cats/kittens.

_____ I agree to take this cat/kitten for regular veterinary check-ups and have him/her vaccinated as recommended by my veterinarian.

_____ I agree to have this cat/kitten spayed/neutered by the time he/she is 6 months old, if he/she is not already spayed/neutered.

_____ **I agree that if I experience unforeseen circumstances and can no longer care for my adopted kitten/cat, I will make arrangement to return him/her to SCRAPS, by contacting the number listed**.

_____ I agree to allow my information to be released in order to change the microchip information to my name.

_____ I agree that the adoption fee ($175.00) is non-refundable.

SPAY/NEUTER DEPOSIT

If the cat/kitten is not spayed/neutered, you will also be required to complete a Spay/Neuter addendum and pay a deposit which will be refunded once the spay/neuter has been completed according to the instructions in the addendum. SCRAPS recommends vet appointments to be booked as soon as possible after adoption.

Adopter	**SCRAPS**
_____	_____
Signature of Adopter	Signature from SCRAPS
Date: _____, 20____	Date Adopted: _____, 20____

Two copies:
1-Adopter
2-SCRAPS