

Adoption Application

9-Lives Cat Rescue Society is a program with a goal of obtaining **zero** growth in the number of cats living in a feral cat colony by using a trap-neuter-release method. A caregiver then monitors the colony providing food, water and shelter. Young kittens, if trapped, receive veterinarian care and go to foster homes for socialization and subsequent adoption. Adopting one of these kittens will help to save them from a life of hardship, disease and possible starvation, as well as adding many, many years to their life.

We ask for a **minimum donation of \$200** to help with the medical expenses incurred in the care of our kittens. This encompasses treatment for any existing illness, treatment for worms and fleas, an initial vaccination and testing of several litter members for feline leukaemia as well as covering the cost of spaying/neutering at a partnering animal hospital.

Although not provided by our rescue at this time, it is recommended that consideration be given to micro-chipping your new pet as an added measure to ensure its safety.

If you wish to adopt, please fill out the Adoption Application online, or submit this print version by mail or email. Completed applications can be emailed to adoption@9livescats.ca or mailed to 9-Lives Cats, 330 Town Road, RR#2, Falmouth, NS, B0P 1L0.

Date: _____ Kitten's Name: _____

Your Name _____ Phone Number _____

Email _____ Mobile _____

Address _____ Your Community _____

1. Why do you want to adopt a kitten? _____

a. Is the animal for you or someone else? _____

2. Have you ever owned a pet before? Yes No

a. If yes, what happened to them? _____

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b. Have you ever given an animal away, and why? _____

3. Please list any animals presently in your home, their sex and ages. If there are none, please write "none" and skip to #4. _____

a. Are they spayed/neutered? Yes No

b. If you have cats, are they: Indoors only Outdoors only Both indoors and outdoors

4. Will your kitten: Have free roam of the house Be limited to certain areas

5. How long will your pet be alone in the course of a day? _____

6. What kind of veterinary care do you intend to provide? _____

a. Your veterinarian's name and phone number: _____

b. Do you give us permission to contact your vet? Yes No

If yes, please inform your vet that we will be contacting them.

7. What type of dwelling do you live in? Apartment House Mobile Home
 Other (please describe) _____

a. How long have you lived there? _____ b. Do you rent or own? _____

8. How many adults live in your home? _____

a. Are there any children in the home? Yes No If yes, please list their ages: _____

b. Does everyone in the home agree to getting a new pet? _____

c. Is there anyone in the home who is allergic to pets? _____

d. Who in the home will be the pet's primary caregiver? _____

e. What arrangements will be made for the care of your kitten or cat when you are away on vacation? Will it be left alone? _____

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9. Please provide the names and phone numbers of two people that can be contacted as a reference.

1. _____ Phone: _____

2. _____ Phone: _____

By signing below, I declare that the following statements are true:

- This kitten/cat will reside in my home as a companion animal. He/she will be provided with adequate food, water, affection, socialization, and medical care.
- I declare that the information provided in this application is true. I am aware that false information will result in rejection of this application.

Applicant Signature

Thank you for considering adopting from 9-Lives Cat Rescue! A volunteer will contact you within a few days after your application has been reviewed and references checked. Please be aware that the Rescue has the right to decline an application and it is the Rescue's prerogative to provide the home that is the most suitable for any particular kitten in our care.