



Cat Canton Rescue, Inc.
P.O. Box 296
Easton, MA 02334-0966
www.catcantonrescue.org

Email or call
sknoll2@verizon.net
angelpicakes@yahoo.com
Donna: 508-496-9938

ADOPTION QUESTIONNAIRE

Welcome and thank you for your interest in adopting a rescue pet. Please complete this application which serves to assist you, along with our organization, in selecting the pet that is most suitable for you, your family, your lifestyle, and of course the pet. We are seeking FOREVER homes so please consider all aspects of pet adoption before taking on this responsibility. Cat Canton Rescue Inc. reserves the right to refuse adoption to any applicant. Thank you in advance for your cooperation.

To be eligible for this wonderful privilege, you must:

1. Be 18 years of age or older and have a current ID showing your present address.
2. Be prepared to provide the following:
 - a. Your veterinarian's name and number for pet history verification
 - b. Proof of residence ownership (i.e. current utility bill), if applicable, or
 - c. Landlord's name and phone number for verification that pets are allowed.
3. Understand that a volunteer MUST approve your application
4. Be able and willing to spend the time and money necessary to provide medical treatment and proper care for your new pet along with existing pets.

Date Application is completed: _____ Cat of interest name (if applicable): _____

How did you hear about Cat Canton Rescue _____

Name of Applicant(s): _____

(Please list all adults in your household)

Who is this cat for? Yourself Family member Friend Other: _____

If not for yourself, is this person aware of this adoption? Yes No

Does any member of your household have an allergy to cats? Yes No

How many adults are in your household: _____ # of Children (and ages): _____

Street address (location pet will reside): _____

City/State/Zip: _____

Main Phone: _____ Alternate Phone: _____

Email: _____ Occupation: _____

Do you: Rent Own (must show proof of ownership) Live with parents:

How long have you lived at this address? _____ Are you planning on moving in the near future? Yes No

If you rent or live with your parents, can we contact the owner of the residence? Yes No

If yes, name: _____ Contact Phone Number: _____

If no, explain: _____

Have you inquired/spoken with owner of property regarding adoption of a pet and received approval? Yes No

What kind(s) of pets have you had in the past 10 years? _____

Which of these pets do you still have? (Please include age, sex, breed): _____

Are these pets spayed/neutered? Yes No Are these pets current on vaccinations? Yes No

If you have other pets, do you think they will welcome a new cat? Yes No

Please provide the name and address of your pet(s) current veterinarian: _____

Have you declawed your cat in the past? Yes No Do you plan to declaw your new cat? Yes No

If yes, are you aware of the potential side effects of declawing a cat? Yes No

Have you ever had to relinquish a pet? Yes No If yes, for what reason and to whom? _____

Have you ever had to euthanize a pet? Yes No If yes, please explain: _____

Have you ever adopted from a humane society? If so, where: _____

Have you ever taken in a stray or adopted a FREE cat? Specify: _____

Where will the cat be kept at night or when it is alone? _____



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Where and with whom will your cat stay when you travel or in case of an emergency? (Have you discussed this with them?)

Do you understand and agree that we may do a home check at any time prior to or after your adoption to check on the cat(s)?
 Yes No

Please provide three (3) references for CCR, Inc. to contact on your behalf:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

If you have not decided which pet you wish to adopt, we can help you.

Specify your preferences, if any. Age: _____ Gender: M F Fur length: _____ Breed/Color: _____

Would you be interested in adopting a special needs cat or a feral cat? Yes No

If yes, please explain your preference: _____

Cats can live 15-20 years. Are you prepared to take responsibility for the cats' entire life? Yes No

Have you considered the following circumstances and how you will address each of them; (moving, having children, teenagers off to college, change in lifestyle, financial commitment, etc.) Yes No

Are you prepared to support the financial needs of your new pet including regular checkups, yearly vaccinations, medical attention, food, shelter and emergency care, etc.? Yes No

If you could not keep this pet for any reason, what would you do? _____

If you need to separate your new pet from existing pets are you prepared to do this? Yes No

Many rescue animals have unknown medical histories, are you prepared to provide and pay for any necessary medical treatment that may occur in the future? Yes No

Thank you for your consideration in adopting a new family member from the Cat Canton Rescue, Inc. (CCR). The CCR reserves the right to refuse adoption to anyone for any reason, and to confiscate any cat or kitten if this application is proven to be falsified. Prospective applicants who fail to provide accurate information on their adoption application will not be approved to adopt a cat or kitten from CCR.

I attest that all the information provided on this application is true and can be verified.

Applicant's Signature: _____ Date: _____

CCR, Inc. Rep: _____ Date: _____

Adoption fee/donation (with spay/neuter certificate, if applicable): \$195 Single cat or kitten/\$365 pair; \$80 Senior

Cat Canton Rescue, Inc. Representative Use Only	
Application reviewed by: _____	Date: _____
References Checked: <input type="checkbox"/>	Landlord/Owner verified: <input type="checkbox"/> Approved: <input type="checkbox"/> Not approved: <input type="checkbox"/>
Adopted Cat ID#: _____	Name: _____ Date of actual adoption: _____
Find us on Facebook: www.facebook.com/Cat Canton Rescue, Inc.	