



Date Received: \_\_\_\_\_

# Meant 2B Loved Pet Rescue Society

## Cat Adoption Form

We carefully screen each applicant to ensure that our animals are matched with the right adopter and best possible home. An incomplete application will not be processed.

Please note that this application will be filed as property of Meant 2B Loved Pet Rescue Society once submitted.

This application will be reviewed by our Cat Team as quickly as possible. I can take up to 72 hours (sometimes more) for us to be able to review applications when we are very busy.

We reserve the right to decline applications for any reason.

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Name(s) of cat(s) you wish to adopt: \_\_\_\_\_

What made you want to adopt this cat/these cats:  The cat is SO CUTE!

The description of the cat(s) fits what I am looking for personality-wise

It reminds me of my old cat  Other: \_\_\_\_\_

### Applicant information

(1) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

(2) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_



Applicant Age(s):

19 - 30    31-40    41-50    51 - 60    61 - 70    71+

What do you do? Check all that apply.

In school    Employed    Retired    Other: \_\_\_\_\_

If employed do you work:

At home    Shift Work    Part Time    Full Time    Other: \_\_\_\_\_

Are you aware of the adoption fee for the cat(s) and are you able to afford to adopt at this time?

Yes    No

### Household Information:

How long have you lived in your current home? \_\_\_\_\_

Do you:    Rent    Own

\*If renting, you must provide landlord contact information and/or written approval or we cannot process the application. Completed?    Yes    No    Not Applicable

Landlord contact Information: \_\_\_\_\_

\*\*If strata (rent or own), you must attach a copy of the bylaws regarding pets or we cannot process the application. Completed?   Yes    No    Not Applicable  

Describe the activity of your household in the context of residents and lifestyle.

Very quiet    Not very busy    Moderately busy    Very busy



Do you have children between ages 0-18?  No  Yes, please state ages: \_\_\_\_\_

Do you have many visitors to the house (children, grandchildren, etc.)? Yes  No

Do you plan on moving in the next 6 months? Yes  No

Are you planning on any vacations in the next 2 months? Yes  No

How many people reside in your household? \_\_\_\_\_

Has everyone in your household met the cat? Yes  No

Do any household members have animal-related allergies? Yes  No

If yes, how they will cope with their allergies? \_\_\_\_\_

\_\_\_\_\_

Are all household members aware and in agreement with adopting a cat?

Yes  No  If no, please explain: \_\_\_\_\_

## General Inquiry

Who will be the primary caregiver for the pet?  Myself  Partner

Other: \_\_\_\_\_

How long have you been considering adopting a cat? \_\_\_\_\_

What do you feel are the biggest responsibilities in owning a cat? \_\_\_\_\_

\_\_\_\_\_



Please indicate what characteristics you are looking for in a cat and level of importance:	Yes, Always	Sometimes	Not important
Friendly with visitors to the house			
Friendly with children			
Enjoys to be petted			
Independent			
Active/Playful/High Energy			
Social/outgoing			
Calm/quiet/low energy			

As an estimate, how much money will you spend on the cat annually?

Vet Checkups: \_\_\_\_\_ Food/Supplies: \_\_\_\_\_

Miscellaneous (i.e. Groomers): \_\_\_\_\_

In case of a medical emergency, how much are you willing to spend on the cat?

\$0-\$750  \$750-\$1,500  \$1,500-\$3,000  \$3,000+

Do you plan on purchasing pet insurance?  Yes  No

What brand name food will you feed the cat? \_\_\_\_\_

The cat will be declawed:  Yes  No

How many hours will the cat be left alone:

On weekdays? \_\_\_\_\_ On weekends? \_\_\_\_\_



Where will the cat be when you are on vacation?

- With family members    With friends    Boarding Services    Coming with you  
 Other: \_\_\_\_\_

The cat will be:

- Indoor-only    Indoor/Outdoor, supervised    Indoor/Outdoor, free to roam  
 Indoor/Outdoor in a catio    Whatever cat prefers

If your cat is free to roam outside, what are the dangers in your community of unsupervised outdoor cats?  
\_\_\_\_\_  
\_\_\_\_\_

If your cat is indoor-only, what will you do to ensure the cat is mentally stimulated and entertained?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The cat has scratched your furniture. How would you address this kind of behaviour?  
\_\_\_\_\_  
\_\_\_\_\_

The cat had defecated or urinated in the house. How would you address this kind of behaviour?  
\_\_\_\_\_  
\_\_\_\_\_



Are you prepared to care for this cat for up to 20 or more years?  Yes  No

What would you do if you could no longer take care of the cat?

Return it to the shelter  Rehome with friends or family

Other: \_\_\_\_\_

What behaviours/obstacles are you willing to work with? If applicable, check more than one.

Dietary Issues  Scratching furniture/upholstery  Fearful/Shyness  Medical conditions  
 Aggression with other household pets  Mouthy/bites  Spraying/Marking

Under what circumstance(s) would you not keep this cat? If applicable, check more than one:

Inappropriate toileting in the house  Aggression towards people  Too many household pets  
 Pregnancy in the family  Divorce in the family  Unable to give enough time to the cat  
 Relocation  Vet Bills (too expensive)  Personal Medical Reasons

Other: \_\_\_\_\_

### Animal Experience

Do you currently have any pets? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please provide:

Name: \_\_\_\_\_ Breed \_\_\_\_\_

Age: \_\_\_\_\_ Spayed/neutered? \_\_\_\_\_ Yes \_\_\_\_\_ No



Up to date on vaccinations: \_\_\_\_\_ Yes \_\_\_\_\_ No

If pets not altered or vaccinated regularly, please explain why: \_\_\_\_\_

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Do any of your current animals have notable medical/ behavioural conditions? If so, please explain:

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What is your plan for introducing the cat to your current animals at home?

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As an adult, have you previously had any pets? Yes  No

If yes, please indicate the following:

Type \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Where are they now? What happened? \_\_\_\_\_

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Have you ever rehomed or surrendered a pet before? Yes  No

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

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Are you willing to allow a M2BL volunteer to do a home visit to ensure it is appropriate for the cat(s)?

Yes  No

## REFERENCES

Please provide the name and phone number of your veterinarian for previous and/or current pets. If you don't have a regular vet, please explain why: \_\_\_\_\_

\_\_\_\_\_

Provide the name and phone number of three personal references – **not family members**:

Reference 1: \_\_\_\_\_

\_\_\_\_\_

Reference 2: \_\_\_\_\_

\_\_\_\_\_

Thank you for taking the time to complete this application.

I consent that the information provided on this application is true and comprehensive, and that I am at least 19 years of age. I consent to the M2BL Board phoning the references provided above.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\*Pending approval, when are you available to pick up the cat: \_\_\_\_\_





**FOR CAT TEAM USE ONLY:**

**Team member: please record date and your initials** \_\_\_\_\_

**Comments on Personal References:**

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**Comments on Veterinary Reference:**

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**Team Member Notes/Observations:** \_\_\_\_\_

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**Notes About Communication with Applicant:**

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**Application Approved:**

Yes     No    Staff initial: \_\_\_\_\_

Call back date: \_\_\_\_\_