

APPLICANT NAME, AGE:

ADDRESS:

**CITY, PROVINCE,
POSTAL CODE:**

HOME PHONE:

CELL PHONE:

EMAIL:

VETERINARY CLINIC REFERENCE:

PERSONS IN HOME (NAMES AND AGES):

OTHER PETS:

PLEASE INITIAL BESIDE EACH STATEMENT BELOW

THE APPLICANT AGREES:

THE CAT WILL BE PROVIDED WITH SUFFICIENT QUANTITIES OF NUTRITIOUS FOOD AND FRESH WATER EACH DAY. _____

NEVER TO STRIKE OR OTHERWISE HARM THE CAT. _____

THE CAT WILL BE TAKEN FOR ALL VACCINATIONS AS REQUIRED AND WILL ENSURE THAT THE CAT RECEIVES PROMPT VETERINARY ATTENTION UPON ILLNESS OR INJURY. _____

CCR WILL BE GRANTED VISITATION RIGHTS UPON REQUEST, TO ENSURE THE TERMS OF THIS ADOPTION ARE BEING MET. _____

THE CAT WILL NOT BE RELINQUISHED TO A HUMANE SOCIETY, SHELTER, SPCA, OR OTHER PERSONS WITHOUT THE PRIOR APPROVAL OF CCR. IF AGREEMENT CANNOT BE REACHED THE CAT WILL BE RETURNED TO CCR. _____

ALL CATS WILL BE KEPT STRICTLY INDOORS. CATIOS ENCOURAGED! _____

FAILURE TO PERFORM ALL THE TERMS OF THIS CONTRACT WILL CONSTITUTE A BREACH OF CONTRACT AND WILL ENTITLE CCR TO RECLAIM POSSESSION OF THE ADOPTED CAT.

I HAVE READ CCR'S ADOPTION GUIDELINES ON THE WEBSITE. _____

SIGNED AT: _____ BC, ON THE _____ DAY OF: _____

APPLICANT: _____

AGENT FOR CCR: _____

SEND COMPLETED APPLICATION TO: MBRUCE8@SHAW.CA

WE ASK TO DO A VIRTUAL HOME VISIT VIA OUR CELL PHONES / IPADS USING FACETIME OR "WHATS APP"

DO YOU HAVE AN IPHONE OR ANDROID? _____

IF YOU HAVE AN ANDROID PHONE DO YOU HAVE "WHATS APP"? _____

WHEN WOULD BE CONVENIENT TO CONDUCT THIS VHV WITHYOU? _____

PLEASE WATCH YOUR EMAIL AND OR VOICEMAIL, TEXTS FOR VOLUNTEERS ATTEMPTING TO SETUP THE VIRTUAL APPOINTMENTS WITH YOU.

THIS SECTION BELOW TO BE COMPLETED BY CCR TRUSTEES

NAME: _____ TATTOO#: _____ SEX: _____

AGE: _____ DESCRIPTION/COAT: _____

ADOPTION DATE _____

FOSTER _____

LITTER / SIBLINGS _____