



## LANARK ANIMAL WELFARE SOCIETY CAT/KITTEN ADOPTION APPLICATION

It is the goal of LAWS to ensure this potential adoption is in the best interest of both the animal and prospective adopters. Before agreeing to adopt this animal, the Shelter Staff may discuss the application with other Staff. The LAWS Staff reserves the right to ask additional questions and may ask the adopter to return with the rest of the family to ensure the animal specified below is compatible with the entire family. LAWS reserves the right to refuse any adoption that is found unsuitable for the specified animal.

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FOR ALL ADOPTIONS, YOU WILL NEED TO PROVIDE A PIECE OF PHOTO IDENTIFICATION FOR YOURSELF WITH YOUR CURRENT ADDRESS.

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS (used for follow-up purposes): \_\_\_\_\_

WHAT IS YOUR SOURCE OF INCOME? \_\_\_\_\_

(LAWS may require proof of income)

Name of Cat/Kitten interested in? \_\_\_\_\_

Why do you want to adopt this specific Cat/Kitten? \_\_\_\_\_

Where is your Residence located? Please circle one: City Town Country

Do you own your own home? \_\_\_\_\_ Rent? \_\_\_\_\_ Are you sure you are allowed pets? \_\_\_\_\_

In your Township/Municipality Bylaws, how many animals are you allowed to own? \_\_\_\_\_

Will this Cat/Kitten be indoors only? \_\_\_\_\_

LAWS has a ban on declawing cats, I hereby abide by this: Yes \_\_\_\_\_ (Initial)

Please describe your family:

Number of adults? \_\_\_\_\_ Number and ages of children? \_\_\_\_\_

Are there any other children or grandchildren who visit regularly? \_\_\_\_\_

Are any members of your family allergic to Cats? \_\_\_\_\_

If yes, have they been previously exposed to living with animal and what was the outcome? \_\_\_\_\_

Is everyone in the household aware of this adoption? \_\_\_\_\_ Is anyone opposed? \_\_\_\_\_

If you suddenly relocated or had other drastic lifestyle changes that made it impossible to keep your cat, what would you do with him/her? \_\_\_\_\_

Do you have any other animals? Please list them (species, age, sex)

- 1) \_\_\_\_\_ Sterilized? \_\_\_\_\_
- 2) \_\_\_\_\_ Sterilized? \_\_\_\_\_
- 3) \_\_\_\_\_ Sterilized? \_\_\_\_\_
- 4) \_\_\_\_\_ Sterilized? \_\_\_\_\_
- 5) \_\_\_\_\_ Sterilized? \_\_\_\_\_

List your previous pets and describe why you no longer have them.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Any animal new to a household requires an adjustment period. This can take anywhere from a few days to a few months. Are you prepared to take on this responsibility? \_\_\_\_\_

What will you do if your cat/kitten exhibits behaviour that you do not like? (claws furniture, climbs screens, jumps on counter tops, etc.)?  
\_\_\_\_\_

A LAWS representative may visit your home without notice to check on the condition of your pet. Would you agree to such a visit? \_\_\_\_\_

It is my intention to integrate any animal I may adopt into my home and life as a pet and companion. I understand that adoption entails a commitment to provide responsibility for the pet's needs for the rest of its life. I am over the age of 18 years and I am ready to make this commitment. \_\_\_\_\_

I am aware that my pet may live for 15 or more years; that a pet's basic needs alone cost hundreds of dollars per year; that my pet will require time each day for training, grooming, exercise and interaction. \_\_\_\_\_

Veterinarian References:

Clinic: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

I \_\_\_\_\_ certify that all of the above information is true and I agree to make a commitment to this animal(s). False information will be cause for denial of adoption or exchange from Lanark Animal Welfare Society. LAWS reserves the right to deny any adoption or exchange for the sake of the animal's welfare. All completed applications are the property of LAWS and will be retained in its files.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_