|  |
| --- |
| **APPLICANT NAME, age:**  |
| **ADDRESS:** |
| **CITY, PROVINCE, POSTAL CODE:**  |  |
| **HOME PHONE:**  |
| **CELL PHONE:** |  |
| **EMAIL:**  |
| **VETERINARY clinic reference:** |
| **PERSONS in home (NAMES AND AGES):**  |
| **OTHER PETS (if dogs breeds please):**  |

**PLEASE INTIAL 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**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I consent to my vet reference being contacted\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| 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 with you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_