

SCAT Street Cat Rescue Program

Screening for Potential Adopter



MAILING ADDRESS

P.O. Box 31041
Saskatoon, SK S7H 5S8

Phone: (306) 955-7228

Fax: (306) 955-1037

SCAT ADOPTION CENTER ON FAITHFULL

Corner of 50th Street and Faithfull Avenue
11 AM – 4 PM (W – F) 1 PM – 5 PM (Sat)

Email: street.cat@sasktel.net

www.streetcat.ca

Thank you for considering giving a SCAT cat a great home.

You must be 18 years of age or older and you must have ID showing your present address.

1: PERSONAL INFORMATION

PRINT NAME: _____

Address: _____

Postal Code: _____ Area of Residence: (i.e. Nutana) _____

Driver's License or other ID: _____ Cell Phone: _____

Home Phone: _____ Do you have voice messaging or call display? _____

Email Address(es): _____

Do you have any Allergies? _____

Cat Experience: First time _____ / Have had one or two _____ / Have had all my life _____

Employment Status: Unemployed / Retired / Student / Homemaker / Employed

Employer: _____ Work Phone: _____

2: RENT OR OWN

Rent and have attached written Landlord permission _____ Pet Deposit? Paid? _____

Own a condo and attached a copy of condo agreement _____ Pet Deposit? Paid? _____

Live with my parents/relatives and have their permission _____

Own my own residence _____

3: ROOMMATE / PARTNER

PRINT NAME: _____

Employer: _____ Work or Cell Phone: _____

Email Address: _____

Allergies? _____ Agrees to this adoption _____

4: CHILDREN

How many children? Ages? _____

Allergies? _____

Have they been around cats before? _____ Have they been taught how to handle a pet so as not to cause harm and to minimize stress to the pet or to themselves? _____ If not what plans do you have to teach them and who will teach them? _____

5: PETS

Please list the pets that presently reside in your home.

SPECIES	BREED / DESC	AGE	SEX	NEUTERED, IF NOT, WHY NOT?

Are any of your present or past pets declawed? _____

When was the last time you took your pet in for a checkup? _____

What veterinarian/clinic do you use or have used? _____

Are your pets licensed? _____ If not, why not? _____

Please list pets that previously lived with you and what has happened to them.

SPECIES	BREED / DESC	LIVED WITH YOU FOR HOW LONG?	NEUTERED	WHAT HAPPENED TO THEM?

6: LOOKING FOR? (please circle all answers that apply)

Special Needs Pet / Senior / Adult / Youth / Kitten Breed _____

Long hair / Medium hair / Short hair / "Hairless"

Calm, Placid	Mellow, Easy Going	Somewhat Active	Very Active	Talkative
Affectionate	Cuddler, Lap Cat	Zippy, High Energy		
Independent	Doesn't Matter	Gets along with kids,	cats, dogs,	other?
Other considerations? (i.e. declawed)				

Cat Habits that I just can not tolerate are:

What if this pet starts to do something you don't like?

This pet is for myself / my family / my child / my work place / my barn / my pet / Gift for _____

7: AFTER ADOPTION, THEN WHAT?

Are you financially willing and able to provide for this pet's needs, which include food, water, supplies, toys, scratch posts, plenty of TLC, regular veterinary checkups, emergency treatments for illness and injury and boarding or catsitter for when you are away? _____

The activity/noise level in my home is usually: LOW / MEDIUM / HIGH

Time you spend away from home: Home all day / Out part time / Away 7 to 10 hours a day

How many hours pet will be left alone? _____

Where will pet be during this time? _____

My cat will live: Outside only / Outside & Inside / Indoors only

Do you have: Carrier? _____ Harness & Leash? _____

Enclosed yard? _____ Cat-proof fencing? _____ Enclosure? _____

What plans do you have for mental and physical stimulation of this pet, i.e. toys, playtime

What happens if someone develops allergies or if you have to move and you are unable to relocate to pet-friendly housing?

Do you plan to take this pet for regular veterinary checkups? _____

Do you plan to license this pet? _____

Do you plan to "bail" the cat out if they are picked up by Animal Control and pay the fines? _____

How long will you give this pet to adjust to its new home? _____

How much time are you planning to spend with the new pet to make them comfortable in the new home?

Will you feed dry or wet food or a combination? _____

8: CONTACT WITH STREET CAT RESCUE

Where do you know about SCAT from?

Please circle all that apply.

Family

Friends

Vet Clinic

Adopted before

Volunteer

PetFinder.com

Online search

PetSmart

SCAT Faithfull Adoption Center

Pets in the Park

Mall display

Pet Expo

Other Event

Star Phoenix

TV

Radio

Other _____

VOLUNTEERING

Would you be willing to be a part of the team and join us to save the lives of cats and kittens? _____

Interested in?

Foster Home / Help at Adoption Center (either Faithfull or PetSmart) / Office / Feral Cat Care (outdoors or indoors) / Fundraising / Homechecks / Website / Programming / Newsletter / Event Coordinating /

EMAIL LISTS

1. YES, please put me on the SCAT regular email list.
2. YES, please put me on the SCAT **limited** email list, only for upcoming events and when the newsletter is available online.
3. YES, **but only** regarding the pet that I adopted, thank you. I will check online myself for event listings.

9: RELEASE

I hereby give permission to SCAT to contact anyone necessary in order to verify any information contained within this application. This may include landlords and other animal welfare agencies, as well as my veterinarian to obtain information about past and present pets.

I understand that photos and/or stories of this pet may be used for success story presentations, website and/or newsletter, with the strict understanding that SCAT will not publish any personal contact information and will not use my last name unless I give my permission.

10: LANDLORD: (if applicable)

NAME: _____ Home/Work # _____

Address _____ Cell # _____

11: REFERENCES:

Relationship to you i.e. Friend, Family, Coworker, Veterinarian

1. NAME: _____ Relationship to you: _____

Home/Work Contact # _____ Cell # _____

2. NAME: _____ Relationship to you: _____

Home/Work Contact # _____ Cell # _____

3. NAME: _____ Relationship to you: _____

Home/Work Contact # _____ Cell # _____

12: TERMS OF SCREENING APPLICATION AGREEMENT

I certify that the information provided on this application is true and correct to the best of my knowledge. I understand that signature on this form is **NOT** a guarantee of adoption approval, however, if I am approved as an adopter, I agree to pay the adoption fee of \$150 in cash or by cheque ¹.

Signature of Potential Adopter _____

Date _____

¹ NSF cheques will be invoiced and subject to charges which must be paid immediately in cash.

