

# SCAT Street Cat Rescue Program

## Screening for Potential Acreage



### 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 50<sup>th</sup> Street and Faithfull Avenue  
11 AM – 4 PM (W – F) 1 PM – 5 PM (Sat)  
Email: [street.cat@sasktel.net](mailto:street.cat@sasktel.net) [www.streetcat.ca](http://www.streetcat.ca)

Thank you for considering giving a SCAT cat a great home. You must be 18 years of age or older.

### 1: PERSONAL INFORMATION

PRINT NAME: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Directions to Acreage: \_\_\_\_\_  
\_\_\_\_\_

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

Email Address(es): \_\_\_\_\_

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

Feral / Social / Semi-social / Adult / Male / Female How Many \_\_\_\_\_

Indoor Only / Indoor Outdoor / Outdoor Only /

Why are you looking for a cat(s)? \_\_\_\_\_  
\_\_\_\_\_

*NOTE: Care for cats can be a tax write off expense as farm/acreage rodent control. Speak to your financial advisor.*

### 3: PREVIOUS EXPERIENCE

How many do you have at present? CATS \_\_\_\_\_ DOGS \_\_\_\_\_

Are any of your dogs a problem to the cats? \_\_\_\_\_

Have you ever relocated cats before and what were the results?  
\_\_\_\_\_

### 4: EXISTING ACCOMMODATIONS

Housing options: \_\_\_\_\_

Feeding options: \_\_\_\_\_

Relocation temporary housing options: \_\_\_\_\_  
\_\_\_\_\_

*NOTE: Please see HOW TO RELOCATE information. Temporary Housing Options should provide a safe environment which protects the cat from weather, stress and harm. Ideally it will include a window to see a part of the future outside world as well as an opportunity to meet the present cat and dog population while minimizing the amount of physical confrontations. The cat must have an opportunity to find future safe zones if ever needed.*

### 5: THEN WHAT?

Are you financially willing and able to provide for this cat's needs, which include regular food both dry and wet, fresh clean water daily (a heated water dish for winter) and veterinary care (deworming, vaccination boosters)?  
\_\_\_\_\_

*NOTE: Assistance from SCAT may be available upon request.*

**6: WHAT IF? What do you have planned if:**

...this cat does not adjust to its new home? \_\_\_\_\_

...this cat is ill or injured? \_\_\_\_\_

...the other cats don't let this cat into the one warm area, are there alternatives? \_\_\_\_\_

...you have to go away on vacation? \_\_\_\_\_

...you have to sell the property? \_\_\_\_\_

*NOTE: Please be sure to seek SCAT advice or assistance if ever needed.*

**7: 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 # \_\_\_\_\_

**8: 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 animals living under my care both past and present.

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.

**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 and that I will do everything humanly possible to provide a happy and healthy environment for this cat.

Signature of Potential Guardian \_\_\_\_\_

Date \_\_\_\_\_

OFFICE USE ONLY SCAT Counselor \_\_\_\_\_ First Contact Date \_\_\_\_\_

References Verified \_\_\_\_\_

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

Comments from References:

**Counselor Recommendations/Comments**

## Agreement regarding Relocation of Feral Cats by SCAT Street Cat Rescue Program Inc.

The parties agree to the following:

**SCAT Street Cat Rescue is responsible for:**

1. Neuter or spay, first set of vaccinations, deworming, microchip, test for FeLV/FIV and any other medical issues identified at time of trapping;
2. Some future veterinary care upon request; and
3. Help with the relocation process.

**New Caregiver is responsible for:**

1. Providing daily food and water, and protection from the elements;
2. Reporting a missing cat and cats' medical issues as soon as possible to SCAT; and
3. Following the How to Relocate process; and
4. Contacting SCAT with any questions or concerns at any time prior to, during and after the relocation.

Signature of Potential Guardian

Date

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Signature of SCAT Counselor

Date

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**Animal Reference Numbers and SCAT Nicknames of Cats Transferred: Photos can be placed on the reverse of this sheet.**

**CATS** Description of SCAT Cats Relocated to the above-mentioned property.

Relocation Date	SCAT Ref. #	NAME	AGE	SEX	Description