SCAT Street Cat Rescue Program
Screening for Potential Adopter

Once completed please return to the SCAT Street Cat Centre in person, by email, or by fax

MAILING ADDRESS
P.O. BOX 31041
Saskatoon , SK
S7H 5S8

SCAT ADOPTION CENTRE ON FAITHFULL
108- 2750 Faithfull Avenue*
S7K 6M6
Open: Tuesday-Saturday 11-4pm
* Located at corner of 50th and Faithfull in Saskatoon

Website: www.streetcat.ca   **Phone**: (306) 955-7228   **Fax**: (306) 955-1037   **Email**: contact@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.
Please fill out all sections fully, if you have any questions please call the Centre during office hours.

Cats/Kittens interested in *(Name(s) or Descriptions i.e. black kitten, long-hair, friendly):*

_____

1: PERSONAL INFORMATION

Print Name: _____

Address: _____

(City) _____ (Postal code) _____

Home Phone: _____ Cell Phone: _____

Email: _____ Permanent Resident of Canada: ☐ Yes ☐ No

Preferred method of contact   ☐ Home Phone   ☐ Cell Phone   ☐ Email

2. RESIDENCE

Check one: ☐ Own my home   ☐ Owned by family   ☐ Renting

It is a: ☐ Single Dwelling Home   ☐ Duplex

☐ Townhouse   ☐ Condo   ☐ Apartment

☐ Basement Suite   ☐ Other (please indicated): _____

Landlord (information required if renting) / Written permission attached and provided by:

☐ Landlord   ☐ Condo/Townhouse Agreement   ☐ Family

Contact Name & Number: _____

1/4

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Pet Deposit? ☐ Yes ☐ No ☐ Paid   Number of Pets Permitted: _____

3: ROOMATE (S)/PARTNER

Print Name: _____

Phone Number:	Email:

Animal Allergies? _____   Agrees to this adoption? ☐ Yes ☐ No

4: FAMILY

How many children in the home? _____   Ages: _____

Have they been exposed to cats before? ☐ Yes ☐ No   Any animal allergies? _____

Do you have any allergies to animals? _____

Experience owning cats?   ☐ First Time   ☐ 1-2   ☐ All my life

5: CURRENT PETS (Please list all pets currently in your home)

Owned By	Species/ Breed or Description	Age	Sex	Spayed/ Neutered (if not, why)
E.g. roommate	Dog- German Sheppard	3 months	F	Unfixed- not old enough

Have any of your past pets been declawed? *

For what reason? _____

What veterinarian/clinic do you or have you used? *

When was the date of your last vet visit? _____

*Please note that SCAT Street Cat Rescue requires that cats receive regular annual checkups and age appropriate vaccinations unless otherwise advised by your veterinarian.

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6: PREVIOUSLY OWNED ANIMALS

Species/ Breed or Description	Age	Sex	Fixed (if no why)	Why are they no longer in your care? (if they passed away what from)
E.g. Cat	19	F	No- liked having kittens	Passed away- renal failure

7: FINDING YOUR PERFECT MATCH

Cat habits I just cannot tolerate (i.e. scratching furniture):

_____

What will you do if this cat/kitten starts to do something you don't like? :

_____

This cat is for:	☐ Myself	☐ My Family	☐ My Child	☐ Barn/ Farm	Gift for: _____
The activity level in my house is usually		☐ High	☐ Medium	☐ Low	

I am usually out of the house:	☐ Most of the day	☐ During work hours	☐ Only occasionally

My cat will live   ☐ Inside only   ☐ Inside & Outside   ☐ Outside Only

In the instance the I am unable to care for my cat any longer I would make the following arrangements *:

_____

* Although cats are a lifetime commitment and we seek forever homes, we know unforeseeable things can occur that may result in the "return" of one of our cats. Please note that SCAT Street Cat Rescue's adoption contract requires our cats to come back into our care if you are unable to care for them any longer. However, we ask our adopters to identify a trusted family member or friend who would want to either take over the adoption contract or foster the cat within our system until they can be rehomed, should something unexpected happen. Prior to rehoming, we would need to be informed and would require another screening form from the new home to update our system. ***Under no circumstances should a SCAT cat be given to a stranger or rehomed without contacting us first***

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8: RELEASE (please check to indicate you have read and understand)

☐ I hereby give permission to SCAT Street Cat Rescue 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 Street Cat Rescue will not publish any personal contact information and will not use my last name unless I give my permission.

☐ I would like to be added to a general mailing list that gives me information on SCAT Street Cat Rescue events and fundraisers

9: REFERENCES

1. Name: _____   Relationship to you: _____
Primary Contact #: _____   Second Contact #: _____

2. Name: _____   Relationship to you: _____
Primary Contact #: _____   Second Contact #: _____

10: TERMS OF SCREENING APPLICATION AGREEMENT (please check to indicate you have read and understand)

☐ I certify that the information provided on this application if 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 required adoption fee in cash, cheque or e-transfer at the time of adoption.

Applicant Signature: _____
Date: _____