



ADOPTION APPLICATION

PETS/FRIENDS FOR LIFE

14 St. Catharine St, St. Thomas, Ontario, N5P 2V6

519-631-5757

petsfriendsforlife@hotmail.com

ANIMAL INFORMATION:

NAME/ID #: _____ SEX: ____ SPAYED/NEUTERED: ____ AGE: ____
BREED: _____ DESCRIPTION: _____ PFFL KNOWN MEDICAL CONDITIONS: _____

ADOPTER INFORMATION: Borrowed pet carrier from PFFL Yes _____ No _____

NAME: _____

PHONE#: _____ WORK#: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PLACE OF EMPLOYMENT: _____

Are you 18 years of age or older? Yes: _____ No: _____

Pets/Friends for Life has a policy that all adopted cats go to homes where they will be indoor cats only. Many of our cats have come to us from a life on the streets after they have been abandoned or lost from a previous home. We wish to ensure that these cats do not have to suffer the dangers of the outdoors again which include cars, other wild animals, dangerous plants and substances. If you are adopting a cat from us, please consider the cat's long term safety and respect our "indoors only" policy. We wish them to live a long, healthy and safe life and this can be done by keeping them indoors!

Do you have a VETERINARIAN? If yes, please list:

Why do you wish to adopt?

Have you ever adopted from us before? YES _____ NO _____

Are you willing to give a 10-20 year commitment? YES _____ NO _____

Are there any other pets in the home? YES _____ NO _____
specify: DOG _____ CAT _____ OTHER _____

How many people in the home? _____

Any children? YES _____ NO _____ If yes, ages _____

Does anyone suffer from allergies? YES _____ NO _____

Do you have a pet carrier to take this cat home in today? YES _____ NO _____

Do you object to a follow up call or home visit by PFFL to check on the welfare of the cat? YES _____ NO _____

If yes, please explain why _____

I certify that the information I have given is true and that any misrepresentation of facts may result in my application for adoption being declined.

I understand that PFFL has the right to decline my application and I authorize investigation of all statements in this application.

I agree to provide the necessary vaccinations and medical care for this cat and will return this cat to PFFL within 30 days if not satisfied. ADOPTION COST IS NON REFUNDABLE.

Signature: _____ Date: _____

PFFL Witness: _____ Date: _____

Adoption fee paid by: Credit card _____ Debit _____ Cash _____

****When adopting a cat or kitten from Pets/Friends for Life, our adoption fee which is \$150, includes mandatory spaying/neutering, first vaccinations, de-fleaing and deworming in addition to an examination by a veterinarian. We work with several veterinary clinics to spay and neuter our cats and kittens. Spays/Neuters are only done when the kitten is at minimum 4 months of age along with the rabies vaccination. Most adult cats will have been spayed or neutered upon adoption. Cats and kittens will be adopted out but MUST be spayed or neutered within 90 days of adoption for our organization to contribute towards this cost. PFFL will help adopters with these arrangements if they do not have a veterinarian they wish to use. The cat/kitten will be in PFFL's possession during the spay/neuter procedure for up to 2 days. A list of some local veterinarians is being provided. If you wish to see a veterinarian of your choice for spaying/neutering, a paid certificate or invoice from a veterinarian must be provided in order for our organization to refund a portion of this procedure to the adopting family/person. The balance is the adopters responsibility. The cat's health record will be included in the adoption paperwork. Pets/Friends for Life, in good faith, adopts cats/kittens who are deemed to be in good health upon release from our shelter. PFFL, at its discretion, will continue to provide health care assistance for upper respiratory illness for up to two weeks post adoption. Should a kitten require health care assistance for this medical condition, adopters will be reimbursed up to \$70 for veterinarian care (examination and medication fee) for this procedure if they see a veterinarian of their choice (copy of paid invoice required). Adopters may request that PFFL provide veterinarian care for an upper respiratory infection and will be required to temporarily return/release the kitten to Pets/Friends for Life so that we can provide care at a veterinarian of our choice.

EVAH
1777 Dundas St., London
519-455-3824

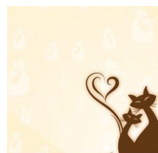
ABBEYDALE ANIMAL HOSPITAL
26 Sparling Rd., St. Thomas
519-631-6056

ST. THOMAS ANIMAL CLINIC
53 Princess Ave., St. Thomas
519-637-2233

BEAVER CREEK ANIMAL HOSPITAL
7477 Sunset Rd., St. Thomas
519-637-0966

ELGIN ANIMAL HOSPITAL
9789 Sunset Rd., St. Thomas
519-631-0430

AYLMER VETERINARY CLINIC
421 Talbot St. W, Aylmer
519-773-3911



Pets/Friends for Life
14 St. Catharine Street,
St. Thomas, ON,
N5P2V6

VOUCHER valid until _____

Name of kitten/PFFL file # _____



Pets/Friends for Life will contribute \$50 for male kitten neuters upon submission of a paid invoice from a veterinarian if the kitten has not already been neutered.
 Pets/Friends for Life will contribute \$60 towards female kitten spays upon submission of a paid invoice from a veterinarian if the kitten has not already been spayed.
 Pets/Friends for Life will contribute \$10 towards a kitten's rabies vaccine if not already vaccinated by PFFL. Pets/Friends for Life, 14 St. Catharine St., St. Thomas, ON, N5P2V6

