



ORA-ORGANIZATION FOR THE RESCUE OF ANIMALS

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Charitable registration # 85580 9448 RR0001

ADOPTION APPLICATION

For.....(Name of cat)

Applicant's first and last name.....

Full address and postal code

Email address.....

Occupation:

.....How long.....

Owning.....Renting..... Landlord accepts pets:

Do your windows/balconies have screens?.....

How many people are living with you?.....Children?..... Ages.....

How do they feel about animals?.....

Any smoker in your household?.....

Any member of your household has asthma or allergies?.....

Please specify.....

How many animals live with you?Cats.....Dogs.....Other.....

Are all the animals in your home spayed/neutered?.....If No, why not?.....

Do your cats go along with other cats?.....

What do your cats eat? Canned food, dry, natural specify and name brands?.....

Which cat litter do you use?.....

Are your cats strictly indoors?.....Are they de-clawed?.....

How many cats and dogs did you have in the last 10 years?.....

What has happened to them?.....

 Where will the new cat be kept during the day?.....
 Where will the new cat sleep at night?.....
 How many hours a day will your new cat be left alone?.....
 How many times a year do you go on holidays?.....
 Who takes care of the cats when you are on holidays?.....
 Are you often absent from home for extended periods of time?.....
 Do you have a vet?.....Name and phone number of your vet?.....

 Would you be willing and financially able to cope with a health emergency of your cat?.....

 Would you still be able to care for your cat if your home/family situation changed (divorce/relocation)?.....

 Are you aware that many rescued animals have unknown medical backgrounds?.....
 Any remarks or reasons for adopting?.....

Please list two references (not family members) who have known you for over a year. Please include phone numbers.

Reference 1..... Phone Number.....

Reference 2..... Phone Number.....

Signed at..... This.....day of.....200.....

 Witness

 Applicant

Home phone number.....Business number.....

Cell phone.....

Emergency contact (name, address and phone number).....