



**Harvest Sky**  
Animal Rescue

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[www.harvestskyrescue.ca](http://www.harvestskyrescue.ca)

# Feline Adoption Application

Harvest Sky Animal Rescue Society, hereby known as the HSAR

To be considered as a potential adopter, you must:

- Be at least 18 years of age
- Have identification containing your address
- Be able and willing to spend the time and money necessary to provide training, medical treatment, and other proper care for a pet
- Have the knowledge and consent of your landlord and show written proof of lease/rental agreement in your name (if applicable)

**Completion of this form DOES NOT guarantee adoption of a HSAR animal.**

## Contact Information:

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

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_

Street/P.O. Box \_\_\_\_\_ Street \_\_\_\_\_

City, Province \_\_\_\_\_ City, Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # (Day): \_\_\_\_\_ Phone # (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Contact Method: \_\_\_\_\_ Feline Applying For: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Please provide 3 references: (co-workers, veterinarian, pet-sitters, etc)

Name: \_\_\_\_\_ Phone (Day): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

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Relationship: \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

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Relationship: \_\_\_\_\_ Phone (Cell): \_\_\_\_\_



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## Questionnaire:

The purpose of this questionnaire is to select the most compatible home for all our animals. Thank you for your patience to take the time to complete this form.

- 1) How did you hear about the HSAR and the animal you are interested in adopting? (circle one)
  - a) www.harvestskyrescue.ca
  - b) Kijiji
  - c) HSAR Facebook Page
  - d) Word Of Mouth
  - e) Other (specify) \_\_\_\_\_
- 2) Do all adult members of the household know that you plan to adopt a pet? **Y / N**
- 3) Who will be responsible for this animal? \_\_\_\_\_
- 4) Are you willing to have a HSAR representative come to see where the animal will be living? **Y / N**
- 5) Do you live in a:
  - a) House
  - b) Apartment
  - c) Other (specify) \_\_\_\_\_
- 6) Do you:
  - a) Own
  - b) Rent
  - c) Live with parents
  - d) Have roommates/shared accommodations
- 7) If you rent, do you have written permission from your landlord to have a pet? **Y / N**
- 8) How long have you lived at your current address? \_\_\_\_\_
- 9) Do you anticipate moving within the next 6 months? **Y / N**
- 10) Do you have children at home? **Y / N** Ages: \_\_\_\_\_
- 11) Have you ever had a pet before? **Y / N** Type: \_\_\_\_\_
- 12) Was it neutered/spayed? **Y / N** How long did you have it? \_\_\_\_\_
  - a) If you no longer have it, why? \_\_\_\_\_
- 13) Do you have any pets at home now? **Y / N** Type: \_\_\_\_\_
- 14) Are all of your pets healthy and current on their vaccinations? **Y / N**
- 15) Will your other pets accept this new pet? **Y / N**
- 16) Where will this animal live?      Sleep?      Go to the bathroom?
  - a) House      a) House      a) Yard
  - b) Barn      b) Barn      b) Litter Box
  - c) Shop      c) Shop      c) Both
  - d) Outdoors      d) Outdoors
  - e) Crate      e) Crate
- 17) Why do you want to adopt a pet? \_\_\_\_\_

- 18) Is anyone in your house allergic to animals? **Y / N**
- 19) Under what circumstances would you give up this new pet? \_\_\_\_\_  
\_\_\_\_\_
- 20) Have you given away/surrendered a pet? **Y / N** Why? \_\_\_\_\_  
\_\_\_\_\_
- 21) What will you do if the pet shows some behaviour problems such as hissing, biting, or eliminating in the house? \_\_\_\_\_  
\_\_\_\_\_
- 22) Do you plan to declaw the cat(s)? **Y / N**
- 23) Owning a pet costs approximately \$1000/year for food, supplies, & vaccinations, not including unexpected medical care. Are you willing to spend this much or more for the care of this animal? **Y / N**
- 24) Cats often live longer than 12 years. Can you be responsible for this animal for its entire life? **Y / N**
- 25) Do you agree to provide a good permanent home, sufficient water, food, shelter, medical care, and humane treatment for this animal at all times? **Y / N**
- 26) We may contact you for an update to help ensure that the animal successfully adjusts to its new life. Do you consent to home visits and/or phone calls after adoption? **Y / N**

***PLEASE NOTE THE HSAR RESERVES THE RIGHT TO REFUSE ADOPTIONS.***