



Box 726 Altona, MB R0G 0B0  
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 forever\_friends@icloud.com  
 foreverfriendsaltona.com

Date \_\_\_\_\_

Cat's Name \_\_\_\_\_

## FINDERS KEEPERS APPLICATION

APPLICANT INFORMATION			
Name		Street Address	
City		Province	Postal Code
Home Phone #	Cell Phone #	Email Address	
Occupation and Place of Employment		Work Hours/Days	
Are you 18 years of age or over? <input type="checkbox"/> Yes <input type="checkbox"/> No		What time of day is best to contact you?	
Name of <b>additional</b> responsible adult in household	Occupation and place of employment	Phone #	

HOUSEHOLD INFORMATION			
<input type="checkbox"/> Rent	<input type="checkbox"/> Single Family House	<input type="checkbox"/> Multi Family House	<input type="checkbox"/> Apartment
<input type="checkbox"/> Own	<input type="checkbox"/> Live with friends/family/roomates	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Condo
<input type="checkbox"/> Other (explain)			Length of time in current residence?
If <b>renting</b> , does your lease allow cats? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, the applicant is required to present a copy of the current lease. If No, provide Landlord's Name & Phone #		Is a Pet Deposit required? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many adults in your household?	How many children? If none, are you planning on starting a family? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	Ages of children:	
If moving becomes necessary, what will you do with your foster pet(s) if you cannot find a residence that allows pets?			
Are any members of your household allergic to animals? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Does everyone agree with keeping a cat? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to let us visit your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the activity level in your home?			
<input type="checkbox"/> Quiet - 2 or less adults/seniors, no children, applicant(s) home most days.	<input type="checkbox"/> Calm - 3 or less family members residing in the home, no young children, applicant(s) often home	<input type="checkbox"/> Active - Multiple children, other pets, frequent visits by friends/family, busy weekend.	
<input type="checkbox"/> Moderate - Applicants(s) work typical schedule (5 days per week, home most weekends).	<input type="checkbox"/> Other (please explain)		

PERSONAL REFERENCES <i>Please provide 3 personal references.</i>		
Name	Address	Phone #
Name	Address	Phone #
Name	Address	Phone #

