



# ADOPTION APPLICATION

Name of cat/kitten you are interested in adopting \_\_\_\_\_ Date \_\_\_\_\_

## Contact Information

Name:	Phone:
Street:	City:
Postal Code:	eMail:

## Applicant Questions: Home and Family

Are you 21 years of age or older? ( ) Yes ( ) No

What type of home do you live in? ( ) House ( ) Apartment/Condo ( ) Basement Apartment

Do you: ( ) Own ( ) Rent ( ) Live with parents

Do you have roommates? ( ) Yes ( ) No

If you rent, are pets allowed? ( ) Yes ( ) No ( ) Not applicable

Do you plan to move in the near future? ( ) Yes ( ) No

How many people live in your household? \_\_\_\_\_

Are there any children? ( ) Yes ( ) No

If Yes, how many and what are their ages? \_\_\_\_\_

Have your children been exposed to cats/kittens before? ( ) Yes ( ) No ( ) Not applicable

What type of supervision will your children have with the new pet? \_\_\_\_\_

Is everyone in the household interested in having a new animal in the home? ( ) Yes ( ) No

Does anyone in the home have allergies or asthma? ( ) Yes ( ) No

Which best describes your home environment? ( ) Active ( ) Noisy ( ) Calm ( ) Quiet ( ) Busy

On average, how many hours a day will the cat(s) be alone? \_\_\_\_\_

## Past and Current Pets Please list the pet(s) you have shared your home with over the last five years.

Type of Animal	Breed	Name	Age	Sex	Spayed or Neutered	Declawed	Date of last vet visit	Do you still have pet? If not, why?
					<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N		
					<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N		
					<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N		
					<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N		

If you have cats, are they: ( ) Indoor ( ) Outdoor ( ) Both ( ) Not applicable

Have you ever had to surrender or re-home a pet? If yes, why? \_\_\_\_\_

## Adoption Information and Pet Care

How long have you been considering adopting a cat? \_\_\_\_\_

Why would you like to adopt a cat (check all that apply): ( ) Companion for self ( ) For a child

( ) Companion for another pet:  Cat  Dog  Both  Other \_\_\_\_\_

( ) Gift ( ) Breeding ( ) Mouser ( ) Barn ( ) Retirement Facility

What type of a cat are you looking for (check all that apply): ( ) Playful ( ) Energetic ( ) Laidback ( ) Chatty

( ) Quiet ( ) Wants to be an only cat ( ) Declawed ( ) Submissive ( ) Lap cat ( ) Loves other cats

( ) Dog friendly ( ) Seeks attention ( ) Good with children ( ) Enjoys being held ( ) Independent

( ) One who has been at the adoption centre the longest ( ) Short hair ( ) Long hair

If you currently have another pet, which of the above words (previous page) best describes your pet(s)?

Are you looking for a specific breed, colour, gender, age? \_\_\_\_\_

Will the cat be declawed? ( ) Yes ( ) No

If you currently have cats, do you have experience integrating cats? ( ) Yes ( ) No

If No, please ask us for information on this.

Do you have a safe room to separate this cat from other pets and children

until he or she has adjusted to the changes? ( ) Yes ( ) No

How long do you think it should take a new cat to adjust to a:

New home: \_\_\_\_\_ New family: \_\_\_\_\_ Companion animal(s): \_\_\_\_\_

How would you correct unwanted behaviours? \_\_\_\_\_

Will this cat be allowed outside? ( ) Yes ( ) No ( ) Both

If outdoors, will the cat: ( ) be walked on a leash and harness ( ) be in the back yard, only with supervision

( ) be in a cat enclosure ( ) be on a balcony ( ) be allowed to roam the neighbourhood

Who will be the main caregiver for the cat? \_\_\_\_\_

Will you be able to play and socialize with the cat at least once a day? ( ) Yes ( ) No

What do you estimate the monthly costs for litter and food will be for your cat? \_\_\_\_\_

Do you understand that cats can live for 15-20 years? ( ) Yes ( ) No

Under which conditions would you have to give up your cat? ( ) Allergies ( ) New baby ( ) Moving ( ) Travel

( ) Divorce/separation ( ) New relationship ( ) Human illness or death ( ) Shedding ( ) Inappropriate

urinating or other litter box issues ( ) Clawing furniture ( ) Aggression ( ) Not getting along with other cat/pet

( ) Needing too much attention ( ) Cat illness ( ) High vet bills ( ) Too shy ( ) Needing dental work

### Long Term Pet Care

When travelling or away from your home, what arrangements will you make for the care of your cat(s)?

What contingency plans do you have to look after your cat(s) due to illness, death or loss of job?

If you have to move, what will happen to this cat?

### Veterinary Care and Costs

How often do you plan to take your cat to the vet? \_\_\_\_\_

What would you expect to pay annually for vet care, excluding emergencies? \_\_\_\_\_

Do you have a veterinarian and, if so, may we contact him/her for a reference? ( ) Yes ( ) No

Veterinarian Name/Clinic \_\_\_\_\_

Veterinarian phone number \_\_\_\_\_

If you do not currently have a veterinarian, how will you go about locating one?

### Final Details

Do you agree to a home inspection visit? ( ) Yes ( ) No

Is there anything else you would like us to know in regard to your eligibility to adopt? \_\_\_\_\_