



Date \_\_\_\_\_

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

## ADOPTION APPLICATION

### APPLICANT INFORMATION

Name		Street Address		
Mailing Address (if different than 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"/> Mobile Home	<input type="checkbox"/> Condo	Length of time in current residence?
<input type="checkbox"/> Own	<input type="checkbox"/> Live with friends/family/roomates <input type="checkbox"/> Other (explain)					
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 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 adopting 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"/> Moderate - Applicants(s) work typical schedule (5 days per week, home most weekends).		<input type="checkbox"/> Active - Multiple children, other pets, frequent visits by friends/family, busy weekend.				
<input type="checkbox"/> Other (please explain)						

### PERSONAL REFERENCES *Please provide 3 personal references.*

Name	Address	Phone #
Name	Address	Phone #
Name	Address	Phone #

**OTHER PETS** *List pets that you own, or have owned, in the past 5 years.*

Type of Animal	Name	Age	Gender	Spayed/ Neutered	Still own? (If no, please explain)
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Have your cats been tested for feline leukemia?  
 Yes    No    Not Applicable

Have your cats been tested for FIV?  
 Yes    No    Not Applicable

Do any of your house cats go outdoors?  
 Yes    No    Not Applicable

Are all of your pets up to date with vaccines?  
 Yes    No    Not Applicable

**VETERINARIAN INFORMATION**

*Please note: we will be contacting your vet for a reference. You need to call them to authorize the release of basic information.*

Name of your Veterinarian \_\_\_\_\_ Name of Vet Clinic or Hospital \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Phone # \_\_\_\_\_

**NEW CAT INFORMATION**

Why are you interested in adopting a cat at this time?  
 Companion to me/family    Companion for another pet  
 Hunting/Mouser    Other (please explain)

Do you have a room with a door where your new cat could be kept during the transition into your home?    Yes    No

What age of cat are you looking for?  
 Kitten    Adult    Senior

Would you be interested in adopting two kittens or a bonded adult pair?    Yes    No    Not Sure

Do you prefer?    Male    Female    Doesn't Matter

Do you prefer?    Short Hair    Long Hair    Doesn't Matter

Is there any breed, color or markings that you are specially interested in? If so, please explain.

Are you comfortable with a cat that likes to play "chase my ankles" and similar games?    No    Somewhat    Yes

Do you want the cat to interact with guests?    Little of the time    Some of the time    All of the time

How do you feel about a boisterous cat that gets into everything?    No thanks    Depends    Fine by me

Do you want the cat to be by your side or on your lap?    Little of the time    Some of the time    All of the time

Do you want a cat that enjoys being held?    Little of the time    Some of the time    Most of the time

Do prefer a talkative cat?    No    Yes    Doesn't matter

Does the cat need to get along with...    Dogs    Cats    Birds    Other (please explain)

How many hours per day will the cat be alone?    More than 9    4 to 8    Less than 4

Where will the cat be kept during this "alone" time?    Kennel    Cat Room    Free Roam

Where do you think your cat will sleep at night?    Cat Area    Wherever    In my Bed

Where will you primarily keep your cat?    Outdoors    Indoors/Outdoors    Indoors Only

Do you plan to declaw your cat?    Yes    Maybe/not sure    No

