

# CAT ADOPTION SURVEY

**Please fill out the following survey to help us find the best match for you!**

**In order to be considered for an adoption you must have the following:**

- You must be 18 years of age
- The knowledge and the consent of all adults living in your household
- Be able to provide a valid piece of identification with your current address
- Provide the name and phone number of your landlord/superintendent/management company in a condo or rental situation

Applicant Name:	Spouse/Partner Name:
Address:	Apartment or Unit Number:
City:	Postal Code:
Home Phone Number:	Work Number:
Cell Phone Number:	Email:
Spouse/Partner Phone Number:	
Living situation (please circle):    Rent       Own       Live with parents	
How long have you lived at this address?	

**Emergency Contact :**

Please list an emergency contact **who does not live at your address** (preferably a relative) who would be included in your new pets records, including their microchip:

Name:	Relationship to Applicant:
Home Phone Number:	Alternate Phone Number:

**By signing below:**

- I certify that the information I give on this survey is true and complete and I recognize that any misrepresentation of facts may result in my losing the privilege of adopting a pet.
- I understand that the Oakville & Milton Humane Society has the right to deny my request to adopt an animal.
- I authorize investigation of all statements contained in this survey.
- I understand that this survey is the property of the Oakville & Milton Humane Society.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY :</b>	
Cat Name(s): _____	SB#/Location: _____
Date/Time Submitted: _____	
Adoption Meeting Date/Time: _____	
Drivers Licence: _____	<input type="checkbox"/> Confirmed address <input type="checkbox"/> SB

**Please list names, ages, relationships and occupations of all members of the household:**

First & Last Name	Age	Relationship to Applicant	Occupation
		<b>APPLICANT</b>	<input type="checkbox"/> Working <input type="checkbox"/> Student <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Working <input type="checkbox"/> Student <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Working <input type="checkbox"/> Student <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Working <input type="checkbox"/> Student <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Working <input type="checkbox"/> Student <input type="checkbox"/> Other: _____

**Please list current and previous pets, including pets no longer with you (please circle):**

Name of pet	Breed/Type	Age	Sex		Neutered or Spayed		Declawed		Indoor or Outdoor	Where is the Pet Now?	This Pet is/was:		
			M	F	Yes	No	Yes	No				In	Out
											My pet A childhood pet An ex-partners pet Other: _____		
											My pet A childhood pet An ex-partners pet Other: _____		
											My pet A childhood pet An ex-partners pet Other: _____		
											My pet A childhood pet An ex-partners pet Other: _____		
											My pet A childhood pet An ex-partners pet Other: _____		

**Have you ever had to give up a pet?**  Yes  No **Type of pet:** \_\_\_\_\_

**If yes, please explain the circumstances.** \_\_\_\_\_

**Please list the name(s) of the veterinary clinic(s) your pets have seen for the duration of their lives:** \_\_\_\_\_

**When were your current pets last vaccinated (month, year)?** \_\_\_\_\_

**How often do you plan to take your new cat in to the vet?**

When sick                       Annually or more often                       Not sure  
 Once every couple of years    Other: \_\_\_\_\_

**Matchmaking Survey**  
(Please check all that apply)

**1. It is important to me that my new cat gets along well with:**

- Infants/Children                       Dogs  
 Visitors                                       Small Animals (rodents, birds, etc)  
 Cats    Other: \_\_\_\_\_

**2. Qualities I find *very important* in a new cat include (check all that apply):**

- Usually quiet                       Calm                                       Enjoys being held                       Enjoys being pet  
 Playful                                       Independent                               Confident                                       Enjoys brushing  
 Seeks affection                       Lap cat                                       Shy    Other: \_\_\_\_\_

**3. I am looking for a cat that:**

- Is very active! (Wants to play for a couple of hours each day)  
 Is active sometimes (Playful for up to 30 minutes a day)  
 Is sedate (Low energy)

**4. In regard to shedding, it is important to me that my new cat:**

- Is hypoallergenic (someone has allergies)                       Sheds as little as possible  
 Does not require professional grooming                       Not applicable (Shedding is not a concern)

**5. I will declaw my new cat:**

- After adoption     If scratching furniture  
 If my family or current pet gets scratched                       Because my current animals are declawed  
 Not applicable (I will not declaw)                                       Other: \_\_\_\_\_

**6. I prefer my new cat to be:**

- Indoor Only                                       In the backyard supervised                                       In an outdoor enclosure  
 Indoor/Outdoor                                       Allowed on my balcony                                       Outdoors on a leash

**7. In order to feed, vaccinate and provide medical care for my new cat, I am prepared to spend per year:**

- \$0-\$100                                       \$100-\$500                                       \$500-\$1000                                       Over \$1000

**8. Understanding that all cats may have unexpected medical needs, I am prepared to adopt a cat with:**

- No current health issues  
 An ongoing medical condition (FIV, Allergies, etc)  
 A veterinarian prescribed diet and/or medication that manages the condition (Diabetes, Obesity, hyperthyroidism, etc)

**9. Behaviours I am not willing to work with:**

- A vocal cat                                       Spooks easily and hides                                       Plays rough and/or bites  
 Door dashing                                       Scratches furniture                                       Litterbox issues  
Other: \_\_\_\_\_                                       None of the above

**10. If I move, I will:**

- Take the cat with me                                       Find the cat a new home  
 Give to a family member                                       Surrender to an Animal Shelter





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Fax: (905) 845-1973

## Veterinarian Release Form

I authorize the Oakville & Milton Humane Society to contact my veterinarian and have access to any records held by that office with regard to any animals I presently own or have owned in the past.

Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Office Use Only

Vet Clinic: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Pets Names: \_\_\_\_\_ Breeds: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_