

Cat Adoption Application



Name of cat(s) interested in adopting (REQUIRED):

Applicant's Name:	Partner's Name:
Address:	Apartment/Unit Number:
City:	Postal Code:
Primary Phone Number: _____ Secondary Phone Number: _____	
<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Partner's	
Email Address:	

Please list an emergency contact that does not live in your household.

Emergency Contact's Name:	
Relationship to Applicant:	Phone Number:

List the names, ages, relationships, and occupations of each person living in your household including yourself.

First & Last Name	Age	Relationship to Applicant	Occupation
		Applicant	<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: _____

Who will be the primary caregiver for this pet? _____

Does anyone in your household show signs of allergies to cats? Yes No Sometimes Unsure

Please list current and previous pets, including pets that have passed on. Select the appropriate response for each.

Pet Name	Animal Type & Breed	Age	Sex	Spayed/Neutered	Declawed	Indoor/outdoor	Where is pet?	Ownership
			M	YES	YES	IN	Still own Deceased Other: _____	My pet Childhood pet Other: _____
			F	NO	NO	OUT BOTH		
			M	YES	YES	IN	Still own Deceased Other: _____	My pet Childhood pet Other: _____
			F	NO	NO	OUT BOTH		
			M	YES	YES	IN	Still own Deceased Other: _____	My pet Childhood pet Other: _____
			F	NO	NO	OUT BOTH		
			M	YES	YES	IN	Still own Deceased Other: _____	My pet Childhood pet Other: _____
			F	NO	NO	OUT BOTH		

*If needed, additional pet information can be included on separate paper or via email

1. Have you ever had to give up an animal? If so, please explain the circumstances:

2. In order to feed, provide medical and daily care for my new pet, I am prepared to spend the following per year: _____

3. a) Please list the name(s) of the veterinary clinic(s) your pets have seen:

b) When were their last vaccinations (month and year): _____

4. Understanding that all cats may have unexpected medical needs, I am comfortable adopting a cat:

- With no current health issues Eating a vet prescribed diet Taking medication With ongoing medical conditions

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

- Once every couple of years Annually or more often When sick Not sure

Other: _____

6. I am looking for a cat with the following traits (check all that apply):

- Gets along with other animals Playful, active Likes to be pet Vocal or chatty
 Family friendly Independent Shy, nervous Low shedding
 Quiet, calm Affectionate, cuddly Confident Other: _____

7. Behaviours that I am not willing to work with or situations that would cause me to return this animal are (check all that apply):

- Vocal Rough playing/biting Door dashing Too time consuming
 Shedding Medical issues arise Litter box issues Messy or smelly
 Inappropriate scratching Shy, hiding Fighting with other pets Other: _____

8. I plan to declaw my new cat:

- After adoption If causing damage to property or injures my family I will not declaw Unsure, what is declawing?

9. I prefer my new cat to be: Indoor only Indoor/outdoor Outdoors with supervision
If your cat will have access to the outdoors, please describe what that may look like (e.g. in backyard, on leash, free access, enclosure):

10. Is there anything you would like more information on? (e.g. scratch training, socializing, kitten proofing, etc.)

11. If I move, I will:

- Take it with me Find it a new home Give it to a family member Surrender it to an animal shelter

By signing below:

- I certify that I am at least 18 years of age and have the knowledge and consent of all adults living in my household.
- I certify that the information I provide on this application is true and complete. I authorize the investigation of all statements contained on this application and understand that the Oakville & Milton Humane Society has the right to deny my request to adopt an animal.
- I understand that this application is the property of the Oakville & Milton Humane Society.
- I understand that the Oakville & Milton Humane Society may contact my veterinarian and I authorize access to any records held by that office in regards to my current and past pets.

Signature:  _____ Date: _____

FOR OFFICE USE ONLY :
Animal Name(s): _____ SB#/Location: _____
Date/Time Submitted: _____ Submission Method: _____
Adoption Phone Meeting : _____ Adoption PU: _____
Drivers Licence: _____ Confirmed address SB