



# Cat Adoption Application

(PLEASE CIRCLE ANSWERS WHERE APPLICABLE)

TODAY'S DATE: \_\_\_\_\_

SHELTER NAME OF ANIMAL: \_\_\_\_\_ CASE NO.: \_\_\_\_\_

NAME OF APPLICANT (print clearly): \_\_\_\_\_ AGE: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**Preferred Method of Contact:**  EMAIL  CELL  HOME

HOUSING: Rent or Own TYPE: House Condo Apartment Farm Other \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_ **REQUIRED**

How many individuals are living with you at this location, do not include yourself (Please include children who at any time stay with you in the home.) **They must sign acknowledging they agree with potential adoption if over 18.**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ Signature: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ Signature: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ Signature: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ Signature: \_\_\_\_\_

Please list any pets living with you:

Dog/Cat	Age	Male or Female	FIXED?	Up to date on core vaccinations?	Length of Ownership	Indoor or Outdoor

Please list all previous pets, length of ownership and reason for termination of ownership:

Type of Animal: (Cat, Dog etc.)	Length of Ownership:	Reason: (Death, rehoming, lost etc.)	Explanation:

1. Why do you want to adopt this cat? \_\_\_\_\_
2. Have you met this cat in person? \_\_\_\_\_
3. How would you describe your living environment:           **Calm & Quiet**                           **Not Too Hectic**                           **Very Busy**
4. Energy level desired:           **Low (lap cat)**                           **Medium (playful)**                           **High (active)**
5. What activities do you plan to do with your new pet? \_\_\_\_\_
6. If applicable, how do you think your current pets will react to a new animal? \_\_\_\_\_
7. How do you plan to introduce your resident pets to a new cat? \_\_\_\_\_
8. Do you or anyone living with you have asthma or allergies?           **Yes**    **OR**    **No**
  - a. If no, have you been around an animal long enough to know that allergies are not present: \_\_\_\_\_
  - b. If yes, how do you plan to combat this issue: \_\_\_\_\_
9. If Applicable, how are your children/grandchildren/nieces or nephews with animals? \_\_\_\_\_
10. Have you adopted from the Estevan Humane Society in the past?   **Yes**    **OR**    **No**
11. Have you ever been denied an adoption in the past, (this organization or any other)?           **Yes**    **OR**    **No**
  - a. If yes, please explain why: \_\_\_\_\_
12. Have you ever had to rehome a pet?           **Yes**    **OR**    **No**
  - a. What was the reason? \_\_\_\_\_
13. Will this pet be an:   **Indoor pet**           **Outdoor pet**           **Indoor and Outdoor pet**
  - a. If indoor/outdoor, please explain: (i.e. Only outside for short periods to go to bathroom, outside all day when away from home, etc.) \_\_\_\_\_
14. Average length of time this pet will be alone?   **0-4hrs**           **4-8hrs**           **8-12hrs**           **12hrs+**
  - a. How do you plan to keep your pet while away from home? \_\_\_\_\_
15. If your cat developed a behavior or obedience problem (i.e. jumping, biting, litterbox incontinence), how would you respond? (i.e. Training, obedience school, kenneling, rehome, etc.)  
\_\_\_\_\_
16. We cannot guarantee temperament or health of the animal. If an issue arises post adoption, how do you plan to handle the situation? (Undiagnosed aggression, illness, injury, etc)  
\_\_\_\_\_
17. Are there any deal breaker traits/unacceptable behaviours you will not tolerate in your new pet?  
\_\_\_\_\_
18. Do you plan to keep up with vaccinations? \_\_\_\_\_
19. If you plan on relocating or leaving for a vacation, what will you do with your pet?  
\_\_\_\_\_
20. Do you plan to spay/neuter your pet should they be underage at time of adoption?   **YES**    **or**    **NO**
21. How will you manage your cat's nails?   **Trimming**           **Scratch posts**           **Soft paws**
  - a. Other: \_\_\_\_\_

Some Points to consider, **please initial each point:**

- A cats’ lifespan can be up to 20 years or more, ensure you are able to care for it for many years.
- Daily pet expenses can average \$500 a year, is this something you can maintain?
- Changing litter, feeding, grooming, training and playtime for a cat are huge time commitments, are you able to take on the extra needs of a pet?
- The City of Estevan Bylaw states NO domestic animal shall be allowed to run at large and must be under the control of the owner at all times, are you able to maintain this?
- The City of Estevan’s Bylaw states only 3 animals per household. Please understand this will be a factor in granting you approval if you have 3 pets currently.
- If this pet is intact, you must ensure a spay or neuter is completed when age appropriate. *(Female and Male cats reach sexual maturity at 6 months and can be sterilized)*

**Multiple applicants for the same animal at the Estevan Humane Society will be reviewed and carefully considered.**

The decision will be based on what is best for the individual animal, considering their needs based on behaviour, personality and health. We want the best possible placement to ensure a healthy and happy pet that will be well adjusted and comfortable in their new home. The Estevan Humane Society is entitled to ask further questions if needed and to check my residence to ensure accommodations are suitable for the pet. It is up to the discretion of the Estevan Humane Society to approve or deny any application for adoption.

**Please list two non-relative references for referral and phone number (MUST BE OVER 18):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Your veterinarian (if you have other pets): \_\_\_\_\_ Phone: \_\_\_\_\_

**Trial Adoption: 14 day trial period. If approved adoption must be completed by 14<sup>th</sup> day or brought back to the shelter (Please check this box if you wish to participate in the trial first)**

**My signature confirms that all information is current, correct, and accurate to the best of my knowledge. I am fully aware that any false or incomplete statement is proper grounds for adoption denial.**

**Applicant's Name (print clearly):** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Dated on:** \_\_\_\_\_

**Staff Witness:** \_\_\_\_\_

**\*PLEASE NOTE\* Manager and Supervisor are the only authorized personnel to approve adoptions. If applying on a weekend, please allow until the following **business day** for your application to be processed, can take up to 3 days\***

**Office Use Only:**

Application:     Approved             Denied            \_\_\_\_\_ Initials

References:     Approved             Denied            \_\_\_\_\_ Initials

Adoption:       Approved             Denied            \_\_\_\_\_ Initials