



## Adoption Application - 2018

### Cats

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

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: home (\_\_\_\_\_) \_\_\_\_\_ cell (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

#### General Information:

1. Who will have the primary responsibility for this cat?

\_\_\_\_\_

2. Have you had cats before?  Yes  No

3. If they are no longer with you, what happened to them?

\_\_\_\_\_

4. Have you ever surrendered an animal to an animal shelter?  Yes  No

if yes, when? \_\_\_\_\_. Please tell us about it (include reason for re-homing): \_\_\_\_\_

\_\_\_\_\_

5. Will your cat be allowed outside?  Yes  No

6. Why do you want to adopt a cat? (Check all that apply)

Companion for you  Companion for another pet  Mouser  Barn Cat  Other

7. According to the Calgary Humane Society, the first year of cat ownership exceeds CAD\$1000, and averages CAD\$800 each additional year. Cost can be much greater if a medical condition arises.

Are you able to undertake this expense?  Yes  No

#### Family Profile:

1. Number of adults in the home (18+)? \_\_\_\_\_

2. Number of children in the home?

\_\_\_\_\_ Ages 0-7 \_\_\_\_\_ Ages 8-13 \_\_\_\_\_ Ages 14-18

3. Any visiting children?  Yes  No Their ages:

\_\_\_\_\_

4. Any animal allergies in the family?  Yes  No If yes, please identify them.

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5. How active are you and your family?  Very busy  Busy  Not busy

6. How would you describe household? Please check all that apply.

Loud  Quiet  Very active  Sedate

7. Are you planning on any of the following in the next 4 weeks?

Moving  Holiday  Change in family schedule

8. Where will your cat stay when you are away on holidays?

At home with care  Boarding  Other: \_\_\_\_\_

**Your Home Profile:**

1. What type of home do you live in?  Acreage  House  Apartment/Condo

2. Do you:  Own  Rent

3. If you rent, do you have your landlord's permission to have pet?  yes  no

If yes, landlord's contact information for verification and, if applicable, obtain a copy of condo by-laws authorizing animals:

Landlord Name: \_\_\_\_\_ Phone number: (\_\_\_\_\_)\_\_\_\_\_

Email Address: \_\_\_\_\_

4. On average how many hours will your cat be alone on:

1. Where will your cat stay during the day when you are not at home?

Loose in house  Crated inside  Garage (heated)  Garage (unheated)

Fenced kennel/run  Fenced yard  Loose outside (no fence)  Other: \_\_\_\_\_

2. Where will your cat spend the night?

Loose in house  Crated inside  Garage (heated)  Garage (unheated)

Fenced kennel/run  Fenced yard  Loose outside (no fence)  Other:

\_\_\_\_\_ Weekdays \_\_\_\_\_ Weekends \_\_\_\_\_

5. How do you intend to manage your cat's nail health? \_\_\_\_\_

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**Your Other Pets:**

1. Are there other cats in your household?  Yes  No

If yes:

Name	Breed	Age	Sex	Spayed Neutered?	or
				<input type="radio"/> y <input type="radio"/> n	
				<input type="radio"/> y <input type="radio"/> n	
				<input type="radio"/> y <input type="radio"/> n	

2. Do you have dogs or other pets in your household?  Yes  No

If yes, please list them:

Name	Type (incl breed for dogs)	Age	Sex	Fixed?
				<input type="radio"/> y <input type="radio"/> n
				<input type="radio"/> y <input type="radio"/> n
				<input type="radio"/> y <input type="radio"/> n

3. Please provide the name and phone number of your veterinarian

\_\_\_\_\_

\_\_\_\_\_

4. Do we have your permission to contact your veterinarian?  Yes  No

**Please tell us what you are looking for:**

<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> No preference
<b>Coat:</b> <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long <input type="checkbox"/> No preference
<b>Age:</b> <input type="checkbox"/> Kitten <input type="checkbox"/> Adult <input type="checkbox"/> Senior <input type="checkbox"/> No preference
<b>Size:</b> <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> No preference
<b>Breed/Type/Colour:</b>

**PROBLEMS YOU ARE WILLING TO WORK ON**

<input type="checkbox"/> Scratching furniture  <input type="checkbox"/> Urinating outside litter box  <input type="checkbox"/> Vocalizing at night  <input type="checkbox"/> I am not willing to work on any problem  <input type="checkbox"/> Need more information
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<b>I WOULD LIKE MY CAT TO:</b>	<b>VERY IMPORTANT</b>	<b>SOMEWHAT IMPORTANT</b>	<b>NOT IMPORTANT</b>
Be friendly with children			
Be friendly with dogs			
Be friendly with other cats			
Be friendly with me			
Be friendly with visitors to the house			
Enjoy being groomed			
Enjoy being held			
Enjoy being petted			
Be calm			
Be playful			
Be quiet			

Be independent			
Never wake me up at night			
Never show aggressive behaviour			

<p>Under what circumstances would you return your cat?  <input type="checkbox"/> Moving   <input type="checkbox"/> Too costly   <input type="checkbox"/> New baby   <input type="checkbox"/> Aggression   <input type="checkbox"/> Medical reasons  <input type="checkbox"/> Not enough time   <input type="checkbox"/> Behaviour problem  Comments:</p>
<p>Have all the members of your household met the cat (people and other pets) you would like to adopt?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p>Have you ever declawed a cat?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p>Have you ever been convicted of neglect or cruelty to animals?  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p>For some of our animals, home visits facilitate a successful adoption. When would be a good time for an SPCA rep to meet with you at your home?  Days of week _____ Time period _____</p>

**FALSIFIED INFORMATION WILL LEAD TO AUTOMATIC REJECTION OF THE APPLICATION. THE BOW VALLEY SPCA RESERVES THE RIGHT TO REFUSE ANY APPLICANT.**

I understand that it is my responsibility to see and evaluate the cat for myself before agreeing to adoption. The adoption of a lifelong animal friend should not be impulsive, but rather a carefully thought out decision, which will ensure a loving, lasting relationship.

Applicant signature:

\_\_\_\_\_

Name:

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

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.  
THIS INFORMATION WILL HELP US MATCH YOU WITH THE RIGHT CAT FOR YOUR FAMILY.**

