



Adoption Application - 2019

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.

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:

Weekdays _____ Weekends _____

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:_____

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

Your Other Pets:

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

If yes:

Name	Breed	Age	Sex	Spayed or Neutered?
				<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	Spayed or Neutered?
				<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:

Sex:	Female	Male	No preference	
Coat:	Short	Medium	Long	No preference
Age:	Kitten	Adult	Senior	No preference
Size:	Small	Medium	Large	No preference
Breed/Type/ Colour:				

PROBLEMS YOU ARE WILLING TO WORK ON

Scratching furniture

I am not willing to work on any problem

Urinating outside litter box

I need more information

Vocalizing at night

I WOULD LIKE MY CAT TO:	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT IMPORTANT
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?</p> <p>Moving Too costly New baby Aggression Medical reasons</p> <p>Not enough time Behaviour problem</p> <p>Comments:</p>
<p>Have all the members of your household met the cat (people and other pets) you would like to adopt?</p> <p>Yes No</p>
<p>Have you ever declawed a cat?</p> <p>Yes No</p>
<p>Have you ever been convicted of neglect or cruelty to animals?</p> <p>Yes 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?</p> <p>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.**

