



Time in: _____

Cat Name: _____

Shelter ID: _____

Application Date: _____

Cat Adoption Application

Adopting an animal is a long-term commitment. Please complete this form to assist us in determining whether the animal you would like is suitable for your home and lifestyle. When selecting an animal, it is important to bring your entire family.

All information collected on this application is kept confidential.

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1. Where do you learn about the KHS adoption program: _____
 2. If the animal is currently residing with a foster family, do you consent to sharing your name, phone number and email address with them to facilitate communication? ☐ Yes ☐ No
 3. Reason for adopting (please check) ☐ Playmate for child ☐ Pet/Companion ☐ Hunting ☐ Guard dog
☐ Other: Please Describe _____
 4. Who are you adopting for: ☐ Yourself ☐ Someone else (please indicate): _____
 5. Are you 18 year or older: ☐ Yes ☐ No Date of birth: _____
 6. Do you live in a: ☐ House ☐ Apartment ☐ Townhouse/Unit ☐ Condo → Do you ☐ Rent ☐ Own
 7. Please describe you backyard: ☐ Fenced ☐ Partially Fenced ☐ Not Fenced ☐ I do not have a backyard
 8. Do you plan to allow your cat outdoors ☐ No ☐ Yes If yes will the cat be ☐ Harnessed or ☐ Free Roam
 9. Do you plan to declaw this cat: ☐ Yes ☐ No If yes ☐ Front Paws ☐ All four paws
 10. How many people live in your household: _____ Adults _____ Kids Please list children's ages: _____
 11. Are you a student: ☐ Yes ☐ No → What school do you attend: _____
 12. If you are a student, what will you do with your animal when done school: _____
 13. Do you have any pets currently: ☐ Yes ☐ No → Please listed quantity, species, age, sex: _____
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14. If you have pets currently, are their vaccines up to date: ☐ Yes ☐ No → Are they spayed/neutered ☐ Yes ☐ No
 15. If you do not have pets currently, have you had pets in the past ☐ Yes ☐ No
 16. If yes, what became of them: ☐ Gave Away ☐ Died (How? Age, disease _____) ☐ Other: please indicate _____
 17. Were you the primary caregiver ☐ Yes ☐ No ☐ Other (ie: family pets) _____
 18. Have you lost a cat to an infectious disease in the last 6 months: ☐ No ☐ Yes please indicate: _____
 19. Have you surrendered/rehomed a pet to an OSPCA, Humane Society, Pound or Person in the last 6 months:
☐ No ☐ Yes if yes, please explain: _____
 20. For what reason would you consider giving up/rehoming your cat: _____
 21. Have you adopted from KHS before: ☐ Yes ☐ No
 22. Would you permit a home visit by one of our staff to ensure this is a good visit for the cat you wish to adopt:
☐ Yes ☐ No
 23. How often per year should your cat see a veterinarian: _____
 24. How much do you expect to spend per year on your cat, including but not limited to: food, vet costs, etc.....
☐ \$50-\$100 ☐ \$100-\$300 ☐ \$300-\$500 ☐ \$500-\$1000 ☐ >\$1000
 25. Is there anything else you would like us to know as we begin to process your application: _____
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Please see reverse side



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YOUR INFORMATION <i>By signing below, I certify that the information I have provided is true.</i>	REFERENCES Please authorize your veterinarian to release information to the KHS. If you do not have a veterinarian, please list two personal references.
Name (please print):	Reference #1: Veterinarian
Signature:	Company Name:
Address:	City: Tel:
City: Province:	Reference #2: Personal
Postal Code:	Name:
Telephone:	City: Tel:
Alt. telephone:	Reference #3: Employer
Email:	Company Name:
<i>The KHS reserves the right to refuse adoption to any individual. We will not release the reason for refusal.</i>	City: Tel: