

- INV
- POA
- ID



Shelter Buddy # _____

Name of Animal _____

Breed _____

Male _____ Female _____

CAT ADOPTION APPLICATION

HUMANE SOCIETY LONDON & MIDDLESEX RESERVES THE RIGHT TO DECLINE ANY APPLICATION

The decision to adopt an animal is an important one. The purpose of this application is to ensure that our cats are placed in loving homes that are able to give them a lifetime commitment.

Basic Information				
First Name:		Last Name:		
Street Address:			Unit Number:	
City:		Province:	Postal Code:	
E-mail Address:				
Home#:		Cell#:		Work#:
Age Range:	<input type="radio"/> 18 to 29	<input type="radio"/> 30 to 44	<input type="radio"/> 45 to 65	<input type="radio"/> over 65
Are you currently: <input type="radio"/> Working (if so, how many hours/week? _____)				
<input type="radio"/> In school (if so, how many hours/week? _____) <input type="radio"/> Homemaker <input type="radio"/> Retired				
<input type="radio"/> Other: _____				
Have you ever adopted from us before?		<input type="radio"/> Yes; when? _____		<input type="radio"/> No

Spouse/ Partner Information				
First Name:		Last Name:		
Age Range:	<input type="radio"/> 18 to 29	<input type="radio"/> 30 to 44	<input type="radio"/> 45 to 65	<input type="radio"/> over 65
Are you currently: <input type="radio"/> Working (if so, how many hours/week? _____)				
<input type="radio"/> In school (if so, how many hours/week? _____) <input type="radio"/> Homemaker <input type="radio"/> Retired				
<input type="radio"/> Other: _____				

Household Information

Please list the names of those the age of 18 or older that currently live with you

First Name:	Last Name:	Relationship:	
First Name:	Last Name:	Relationship:	
First Name:	Last Name:	Relationship:	
Do you have children under 18?	<input type="radio"/> Yes; please list ages _____		<input type="radio"/> No
If yes, has your child(ren) been around cats before?		<input type="radio"/> Yes	<input type="radio"/> No
If yes, whose cat have they been exposed to, and how often? _____			
What do you consider to be appropriate behavior for children around cats? _____ _____			
Do you plan to have children in the foreseeable future?		<input type="radio"/> Yes	<input type="radio"/> No
If yes, how will this change affect the future of your cat(s)? _____			
Has everyone in the household participated in this decision?		<input type="radio"/> Yes	<input type="radio"/> No
Is anyone in the household allergic to cats?		<input type="radio"/> Yes	<input type="radio"/> No
Do you live in a(n): <input type="radio"/> House <input type="radio"/> Townhouse <input type="radio"/> Duplex <input type="radio"/> Semi-detached <input type="radio"/> Apartment; unit number _____ <input type="radio"/> Condo; unit number _____			
Do you....	<input type="radio"/> Rent	<input type="radio"/> Own	<input type="radio"/> Live with parents
<input type="radio"/> Roommates			
How long have you lived at your current address?			
How many times have you moved in the past 5 years?			
Do you plan to move in the near future?		<input type="radio"/> Yes; when?	
		<input type="radio"/> No	
If yes, how will this change affect the future of your cat(s)? _____			

Your Experience

Please list all the animals you have had previously in your adult life in the chart below:

Type/breed of animal?	Name:	Where did you get him/her?	What happened to them?
Type/breed of animal?	Name:	Where did you get him/her?	What happened to them?

Please list which animals you still **currently** have:

Type/breed of animal?	Name	Where did you get him/her?	Age:
			How long have you had them?
Type/breed of animal?	Name	Where did you get him/her?	Age:
			How long have you had them?
Type/breed of animal?	Name	Where did you get him/her?	Age:
			How long have you had them?

Are all your pets spayed or neutered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all your pets vaccines currently up to date?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have a cat, does (s)he get along well with other cats?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have a dog, does (s)he get along well with cats?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Adoption Questions

How long have you been planning to adopt?

Why do you want to adopt this particular cat?

Are you adopting this cat for: Yourself Someone else; who?

On average, how many hours would your cat be left alone?

Where will you keep your cat while you are out of the house?

Where will you keep your cat at night?

If you go on vacation, have an unscheduled trip, emergency, or become hospitalized, what arrangements will be made for your cat?

What do you plan to do with your cat if you move?

Will your cat live indoors, outdoors, or both?

In your opinion, what are the most important things a cat needs?

Please list 3 behaviors common to cats

Please describe your ideal cat

What cat behaviors would you find difficult to tolerate?

Animal Environment

How do you plan to introduce your cat to your other pets?

What is your veterinarian's name?

Phone#

Cost Estimates:

Please write the estimated amount you expect to incur for the following items:

Food costs each month

\$

Supplies each year (litter box, bedding, grooming tools, toys, etc.)

\$

Routine veterinary care (dental, vaccinations, preventative medication)

\$

How much are you willing to spend if your cat becomes ill?

\$

Poll:

How did you find out about this animal? [] Facebook [] Instagram [] Twitter

[] Website [] Coming into the shelter [] Other _____

By signing below, I certify that the information I have given is true and that any misrepresentation of facts may result in losing the privilege of adopting an animal. I understand that the Humane Society London & Middlesex has the right to decline my request to adopt an animal, and I authorize investigation of all statements in this application.

Signature

Date

FOR OFFICE USE ONLY

Cats Name: _____ Shelter Buddy # _____
Breed/Markings _____ Age at Admission _____

Identification: Drivers License # _____

Other Identification _____

Customer Service Staff Notes/Remarks:

Name _____ Date _____

Adoption Counsellor Notes/Remarks
