



CAT ADOPTION APPLICATION



ID#: _____ Cat's Name: _____ Colouring: _____ Age: _____ Sex: _____

Section 1 – General Information			
Applicant Name:			
Applicant's Mailing Address (STREET, CITY, POSTAL CODE)			
Applicant's Telephone:		Email Address:	

Please complete the following as honest as you can. Our main objective is to ensure good compatibility between you, your family and your new pet. Please keep in mind the Animal's long term welfare is our foremost considerations. Please return this application to the shelter staff when completed.

Section 2 – Background Information & Questionnaire			
Reason for Adopting:	Family Pet <input type="checkbox"/> Barn Cat: <input type="checkbox"/> Other: <input type="checkbox"/>		
This cat is for:	Myself <input type="checkbox"/> Immediate Family: <input type="checkbox"/> Someone Else: <input type="checkbox"/>		
I live in a:	House <input type="checkbox"/> Apartment: <input type="checkbox"/>	My Home is: Owned: <input type="checkbox"/> Rented: <input type="checkbox"/>	
If renting, does you landlord allow pets?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Landlord Name & Telephone No.: _____	
Do you have children living in your home?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, list ages of children: _____	
Does anyone in your home allergic to animals?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever owned a cat before:	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, do they still live with you? : Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any other pets? (Please list):			
Are you current pets up to date on their vaccines? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you current pets spayed/neutered? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If no to either, why not?			
Do your pets have a valid license?			
Do you agree to purchase a valid city cat license?			
Are your other pets' cat friendly?			
Are you prepared to handle any behavioural problems this cat may have? (ie: scratching furniture or marking with urine)			
Will you provide your cat any toys?			
How often will the cat be left alone?			
Where will the cat be when you are not home?			
Will this be an indoor or outdoor cat?			
Do you plan on providing your car with a place to scratch?			
Do you plan to have this cat declawed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you considered the financial, legal & moral responsibilities of cat ownership? Yes <input type="checkbox"/> No <input type="checkbox"/>		
What food do you plan on feeding your cat?			

Are you prepared for all vet costs Annual vaccines, wellness checks & emergencies?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you prepared for a 15 year commitment on adopting this cat?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a regular veterinarian? (Please provide contact information): (we may contact your vet for history, Please contact your vet so they are aware of your intent to adopt)			
Will you keep this cat up to date on yearly vaccines?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If not already done, will you have this cat spayed/neutered?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you do not have a veterinarian, please provide a personal reference that we can contact:		Name: _____ Relationship to you: _____ Phone Number: _____	
Have you ever had to re-home a pet? If Yes – please explain why:		_____ _____ _____	
Other Comments:		_____ _____ _____	

All the information I have provided above is true and correct. I understand that any falsification or omission of any of the above information could result in an automatic application denial. By signing below, I agree that I shall not hold the City of St. Thomas responsible in any way for any expenses I may incur as a result of my adoption from this point forward

Applicant Signature:

MM/DD/YYYY

City of St. Thomas Approval:

Staff Initials

MM/DD/YYYY

Staff Initials

MM/DD/YYYY

**The City of St. Thomas Animal Services reserves the right to refuse any applicant.
The application process can take time to process; we thank you for your patience.
Applications on animals are not based on first received.**

Animal Services, 100 Burwell Road, St. Thomas, ON N5P 3R8 Phone: (519) 631-7430

Personal information is collected by authority of the Municipal Act as amended and enables city staff to process your request.
Please contact Matt Vriens at 100 Burwell Rd., St. Thomas, ON, N5P 3R8, Telephone 519.631.1680 ext. 5130 for questions.