



Cat Adoption Application

Please note:

**Adopting a cat is a lifetime commitment. Please complete this form to assist us in determining whether the dog you want is suitable for your home and lifestyle.

**When selecting a cat to adopt, it is important to bring your entire family, including your current pets to meet the animal.

**We may have multiple applications for this cat. Please do not count on getting this individual until you have received confirmation that your application has been successful.

All information collected on this application is kept confidential.*

Date of Application: _____

Name of Cat: _____

Why do you want to adopt this particular cat: _____

Conditions:

- Applicants must **call back** after 24 hours to activate the application.
- If there is no correspondence to the shelter within 48 hours of filling out the application, it becomes void.
- We do not adopt to individuals under the age of 21.
- If you are pregnant, please consider the possibility of allergies developing in your newborn BEFORE adopting a pet.
- This application is not a test, and there are no wrong answers. We are only trying to find the most suitable, caring, permanent homes for the animals in our care, and the most appropriate and compatible pets for adopters and their families.
- Spaying or neutering any pet that comes from the Humane Society Dawson is mandatory.
- The Humane Society Dawson reserves the right to refuse adoption to any individual. We will not release the reason for refusal.

★I, _____, have read and understand application conditions.

Full Name(s): _____

Physical Address: _____ Box # : _____

City: _____ Province/Territory: _____

Postal Code: _____



Phone (Hm): _____ (Wk): _____

Email: _____

1. Reason for adopting (please check):

- ☐ Playmate for Child ☐ Pet and Companion ☐ Companion for Other Pet ☐ Mouser
☐ Other: _____

2. Who are you adopting for?

- ☐ Yourself ☐ Someone else (please indicate): _____

3. Are you 21 years old or over:

- ☐ Yes ☐ No Date of birth: _____

4. Is anyone in your house allergic to cats?

- ☐ Yes ☐ No

5. Do you live in a:

- ☐ House ☐ Apartment ☐ Acreage ☐ Mobile Home ☐ Condo

6. Do you:

- ☐ Rent ☐ Own ☐ Shared

If you rent, does your landlord permit cats? ☐ Yes ☐ No

Landlords Name: _____ Phone number: _____

How many people live in the household?

Adults: _____ Children: _____ Ages: _____

7. Where will the cat be housed during the day?

- ☐ Inside ☐ Outside ☐ Both

8. How long will your cat be alone during the day?

9. Do you have any plans for having your cat declawed?

- ☐ Yes ☐ No



10 Do you currently have any other pets?

☐Yes ☐No

11 Please provide details (Age, sex, species, etc):

12 Are your current pets' vaccinations up-to-date?

☐Yes ☐No

13 Are your current pet's spayed or neutered?

☐Yes ☐No

14 If you answered yes to either question 12 or 13, are you able to provide certificates if requested by HSD?

15 If you answered no to either question 11 or 12, please explain why:

16 If you do not currently have pets, have you had any in the past?

☐Yes ☐No

17 If "yes," what became of them?:

☐Gave away (Why?): _____

☐Passed Away (How): _____

☐Other: _____

18 Have you previously adopted from an animal shelter?

☐Yes ☐No

19 Would you permit a home visit by our staff to ensure a good placement for the cat?

☐Yes ☐No

20 How often do you think your cat should see a veterinarian?



21 How much do you expect to spend annually on your cat?

By signing here, I certify that the information I have provided is true.

Print Name: _____

Signature: _____

Date: _____

HSD Rep: _____

1. Personal Reference:

Name: _____

Phone Number: _____

Relationship _____

2. Personal Reference:

Name: _____

Phone Number: _____

Relationship _____